

Your Pet
Mixed

Estimates, Client &
940 Sutton Place
Liberty, MO 64068
Hm: 816-781-4595 Wk:
Cell:
Email:

Sex:
18 weeks
03-13-22

Patient ID # 3594	Appt:
Date:	TI:
Previous Weight: 40.00	Today's Weight:
Mode of Payment:	

Medical notes: _____

Room 1 Room 2 Room 3 Room 4 Mask NO-mask
Curb #1 Curb #2 Curb #3 _____ PCA: _____

Treatment	Why Is This Important?	Price	Needs	Decline
Physical Exam	Required yearly by state to treat or prescribe for your pet. A nose to tail exam is the best way to ensure your pet's health.	65.00		
Rabies Vaccination	Required by state to be given by a licensed veterinarian. Rabies is fatal to pets and people.	27.50		
Rabies Tag	Proof of rabies vaccination on years the vaccine is not given.	0.00		
DHPP Vaccine	Protects against common, contagious, life-threatening diseases.	27.50		
Leptospirosis Vaccine	Protects against a serious disease that dogs can give to people.	27.50		
Bordetella Vaccine	Protects against common, contagious respiratory infections.	27.50		
Canine Influenza Vaccine- 2 Strains	Protects against a highly contagious, potentially fatal disease.	55.00		
Intestinal Parasite Exam with Giardia test	Screens for intestinal parasites that can cause disease including severe diarrhea in people, and blindness in children.	76.00		
Heartworm and Tick Disease Screening	Blood test for Heartworm and tick carried diseases.	60.50		
Wellness Blood Tests	Detects early signs of organ dysfunction with a blood test >4yr	219.50		
Urinalysis	Checks for infections, stones, cancer, and kidney disease >4yr	71.50		
Parasite Prevention	Most Convenient, Proheart 12, HW, Hooks by weight	6-11/m		
	Best One Pill, Simparica TRIO, HW, Flea, Tick, Hooks, Rounds	\$30/m		
	Best Value, MilbeGuard, HW, Hooks, Rounds, Whips	\$6/m		
	Best Value, Seresto Collar, Flea, Tick	\$9/m		
	1X/month treat option for flea/tick Simparica Flea & Tick	\$22/m		

All medical procedures including but not limited to surgery, anesthesia, vaccinations and medications have risks and can cause adverse reactions. By signing this form I am acknowledging that the risks of the above procedures have been explained to my satisfaction. Therefore, I consent and agree to pay for all surgical and medical treatment necessary to treat and care for Your Pet during his visit.

Payment is required at the time of service. CareCredit is available, subject to credit approval. (www.carecredit.com)

Owner Signature: _____ Date: _____ Technician: _____