FELINE SURGERY CHECK-IN SHEET Arkansas Browning Animal Clinic

Procedure requested: Date				:	
PHONE NUMBE	R WHERE YO	U CAN BE REACHED T	ODAY:		
Client Name:			Patient Name:		
There are	e a few choic	es for you to make in	regard to your pet's surgica	al procedur	e.
					e:
I have not fed my	cat since 10:0	0 PM last night.			
If my cat has fleas, I understand that these will be treated prior to surgery at owner's expense.				·	
			comes a very difficult surgery. In call you before we proceed.		
			understand that the doctor will givners (reduced vaccination charges		
Optional (see Surgery Info Sheet – page 2 for explanations and details) All prices are temporary specials:				Yes	No (unless
While he is here,	I'd like you to	vaccinate my cat:			medically necessary
Feline distemper vaccination only \$20 (reg \$31) Rabies vaccination only \$15 (reg \$25)					
Fel Leuk/FIV test Feline Leukemia	Leuk/FIV test only \$35 (reg \$75) ine Leukemia vaccination only \$20 (reg \$31)				
I want you to app	ly Frontline to	treat fleas and ticks	only \$20.00/month		
I want Revolution for cats (protects against Fleas, Ear Mites, Heartworms and Roundworms)			only \$20/month (reg \$25)		
If you discover ear mites, I want them treated			only \$15 (reg \$30)		-
Please check my cat for intestinal parasites			only \$17.50 (reg \$35)		
Treat him for tapeworms, hookworms & roundworms only \$20 (reg \$35)					
			o putting my pet under anesthesia s are found (only \$35, reg \$75)	·	
		of pain medication after turgeries only (\$25).	the procedure and pain meds to g	go	
I would like to ha	ve the "Home A	Again" microchip installed	d during the surgery (\$30)		
Is there anything	g else you wo	uld like us to do while y	your pet is here? Circle any:		
Toe nail trim Other:	Bath	Dental cleaning	Cut away mats		
Authorized signature: Da				Date:	