

Wellness Care Clinic

Today's date: _____
 Check-in #: _____
 Cust Serv init: _____
 Data entry init: _____

Owner name _____
 Address _____
 City _____ State _____ ZIP _____
 Phone _____ Cell _____
 Email _____
 How did you hear about us? _____

Account #: _____

Pet name _____ Breed _____ Color _____
 Age _____ Sex _____ Is your pet microchipped? Yes No Is your pet spayed or neutered? Yes No
 If your pet is NOT spayed or neutered, why?
 Concerned about cost Health issues Age/size Want to breed Other (please explain): _____
 Does your pet live: indoor only outdoor only both
 Date of your pet's last: flea treatment: _____ heartworm preventative: _____

Best Friend(s) Bundles

Exam included

Regular Pricing

S/N Discount

<input type="checkbox"/>	ANNUAL CAT WELLNESS BUNDLE <i>Up to \$150 in savings!</i>	Rabies, FVRCP, FIV/FelV Test and a 12-month supply of Advantage Multi	\$190	\$160
<input type="checkbox"/>	CAT WELLNESS BUNDLE <i>Up to \$105 in savings!</i>	Rabies, FVRCP, FIV/FelV Test and a 6-month supply of Advantage Multi	\$135	\$105
<input type="checkbox"/>	CAT HEALTH BUNDLE <i>Up to \$60 in savings!</i>	Rabies, FVRCP and FIV/FelV Test	\$75	\$50
<input type="checkbox"/>	KITTEN BOOSTER	FVRCP, de-wormer (hook/roundworms) + S/N Coupon	\$25	\$25
<input type="checkbox"/>	KITTEN RABIES BOOSTER	Rabies, FVRCP, 1 HW/FL + S/N Coupon	\$35	\$35
<input type="checkbox"/>	PRE-OPERATIVE BLOOD WORK	CBC blood panel, FIV/FelV Test + pre-op exam	\$75	N/A



Individual Services

Exam required

Regular Pricing

S/N Discount

Staff Initials

<input type="checkbox"/>	BRIEF VISUAL EXAM	Applies per visit for any services not bundled	\$30	\$20	_____
<input type="checkbox"/>	RABIES		\$25	\$18	_____
<input type="checkbox"/>	FVRCP		\$25	\$18	_____
<input type="checkbox"/>	FELINE LEUKEMIA VACCINE	<input type="checkbox"/> Package upgrade (\$15-\$20)	\$25	\$15	_____
<input type="checkbox"/>	DE-WORMER	<i>Pyrantel oral de-wormer for cats less than 6 mo.</i>	\$10	\$5	_____
<input type="checkbox"/>	PROFENDER TRI-WORMER	<input type="checkbox"/> Applied in house <input type="checkbox"/> Sent home	\$20	\$15	_____
<input type="checkbox"/>	FIV/FELV TEST	FIV: POS NEG FeLV: POS NEG	\$30	\$25	_____
<input type="checkbox"/>	ADVANTAGE MULTI: 1 DOSE	<i>30-day topical heartworm/flea/intestinal parasite preventative</i>	\$25	\$20	_____
<input type="checkbox"/>	ADVANTAGE MULTI: 6 OR 12 MO	<input type="checkbox"/> 6-month (\$80-\$100) <input type="checkbox"/> 12-month (\$160-\$200)	\$	\$	_____
<input type="checkbox"/>	ADVANTAGE II: 1 DOSE	<i>30-day topical flea preventative</i>	\$16	\$12	_____
<input type="checkbox"/>	SERESTO COLLAR	<i>8-month flea/tick collar</i>	\$55	\$55	_____
<input type="checkbox"/>	KCMO PET LICENSE		\$12	\$12	_____
<input type="checkbox"/>	MICROCHIP	<input type="checkbox"/> Package upgrade (\$10)	\$25	\$15	_____
<input type="checkbox"/>	NAIL TRIM	<i>Performed only if behavior and time restraints allow</i>	\$15	\$10	_____

I agree to pay for all charges at checkout. I understand that total charges may exceed my estimated balance pending additional services requested. I understand that while Spay and Neuter Kansas City does not provide client-veterinarian consultations, my pet will still receive a brief visual exam.

Estimated balance: \$ _____ + PIF: \$ _____ Client Initials: _____



MO: 1116 E. 59th St KCMO 64110 | 816-353-0940
 KS: 3722 State Ave KCKS 66102 | www.snkc.net

- AMEX
- Discover
- Mastercard
- Visa
- Cash

Office Use Only

Amount paid: \$ _____

Staff initials: _____

Office Use Only

Rabies tag #:

City license #:

Vaccination Labels

Scanned for chip?

YES

NO

NO CHIP READ

MICROCHIP NUMBER:

Microchip Information

Place sticker here

Examination

BRIEF PHYSICAL EXAMINATION WNL Abnormal: _____

SEX: Male (# of testicles: _____) Female
 Neutered Spayed

PUPPY/KITTEN COUPON ISSUED Yes No Expiration date: _____

**WEIGHT
(IF POSSIBLE):**

Additional Notes

Attending Doctor

Doctor's initials: _____