Wellness Care	e Clinic		_	
		Tod	ay's date:	
Owner name	 	Cust	heck-in #: Serv init:	
City S	tate ZIP	Cust Data	entry init:	
AddressS CityS PhoneCe	II			
Email				
How did you hear about us?		Acco	unt #:	
Pet name				
Age Sex Is your pet mi		Is your pet spayed or	neutered? Yes	No
If your pet is NOT spayed or neutered, v	•			
Concerned about cost Health issues	-	d Other (please expla	in):	
Does your pet live: indoor only outo	_	_		
Date of your pet's last: flea treatmen	t: he	eartworm preventative:		
			Regular S/N	
Best Friend(s) E	Bundles	Exam included	Regular S/N Pricing Discou	nt
ANNUAL DOG WELLNESS BUNDLI Up to \$145 in savings!	Rabies, DA2PP, Bordetel month supply of Advanta		²⁻ \$190 \$160	
	month outply of Autuma	go maia		
DOG WELLNESS BUNDLE		la, Heartworm Test and a 6	** \$135 \$105	
Up to \$100 in savings!	month supply of Advanta	ge Multi		
DOG HEALTH BUNDLE	Rabies, DA2PP, Bordetel	la, and Heartworm Test	\$75 \$50	
Up to \$60 in savings!			7.0	
PUPPY BOOSTER	DA2PP, de-wormer (hook	(/roundworms) + S/N Coupo	on \$25 \$25	
PUPPY RABIES BOOSTER	Rabies, DA2PP, Bordetel	la, 1 HW/FL + S/N Coupon	\$35 \$35	
PRE-OPERATIVE BLOOD WORK	CBC blood panel, Heartw	orm Test and pre-op exam	\$75 N/A	
Individual Servi	CBS -8	Exam required	Regular S/N Pricing Discount	Staf Initial
ilidividadi Scivi		active registrect		
BRIEF VISUAL EXAM	Applies per visit for any	services not bundled	\$30 \$20	
RABIES			\$25 \$18	
DA2PP			\$25 \$18	
BORDETELLA			\$25 \$18	
DE-WORMER	Pyrantel oral de-wormer for d		\$10 \$5	
DRONTAL PLUS TRI-WORMER	Altered (\$15-\$20)	Unaltered (\$20-\$45)	\$ \$	
HEARTWORM TEST	Heartworm test results:	POS NEG a/intestinal parasite preventativ	\$30 \$25	
ADVANTAGE MULTI: 1 DOSE ADVANTAGE MULTI: 6 OR 12 MO	6-month (\$80-\$100)	12-month (\$160-\$200)		
ADVANTAGE II: 1 DOSE	30-day topical flea preventati	•	\$16 \$12	
SERESTO COLLAR	8-month flea/tick collar		\$55 \$55	
KCMO PET LICENSE			\$12 \$12	
MICROCHIP	Package upgrade (\$10)		\$25 \$15	
NAIL TRIM		or and time restraints allow		
agree to pay for all charges at checkout. I unde				
services requested. I understand that while Spa will still receive a brief visual exam.	y and Neuter Kansas City (Estimated balance: \$	toes not provide client-vete + PIF: \$	rinarian consultation: Client Initials:	s, my pe
The root of the ro				0
	24440 040 050 00 10	AMEX Cash	Office Use O	nly
MO: 1116 E. 59th St KCMO (KS: 3722 State Ave KCKS 6)		Discover	Amount paid: \$	
SPAY AND NEUTER KANSAS CITY			Staff initials:	

Office Use On Rabies tag #: City license #:	Vaccination labels	
Scanned for chip? YES NO NO CHIP READ MICROCHIP NUMBER:	Microchip Information Place sticker here	
	WEIGHT (IF POSSIBLE) WNL Abnormal: Male (# of testicles:) Female Neutered Spayed Yes No Expiration date:	
Additional Note	S	

Attending Doctor
Doctor's initials: