

# CATS EXCLUSIVE VETERINARY CLINIC SERVICES

Owner: \_\_\_\_\_ Cat's Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b><u>"New Kitten Exam"</u></b> <b>6 weeks &amp; under:</b> <b>\$35.00</b></p> <p><b>Includes:</b></p> <p>Dr exam, deworming &amp; flea treatment</p>	<p style="text-align: center;"><b><u>INDIVIDUAL SERVICES</u></b></p> <p><b><u>\$20. Brief Exam fee required for:</u></b></p> <table style="width: 100%; border: none;"> <tr><td>_____ Rabies</td><td style="text-align: right;">(\$10)</td></tr> <tr><td>_____ FVRCP Vaccine</td><td style="text-align: right;">(\$15)</td></tr> <tr><td>_____ Leukemia Vaccine</td><td style="text-align: right;">(\$15)</td></tr> <tr><td>_____ FVRCP/Leukemia combo</td><td style="text-align: right;">(\$25)</td></tr> <tr><td>_____ Ear Mites Treatment</td><td style="text-align: right;">(\$10)</td></tr> <tr><td>_____ Check for ear mites</td><td style="text-align: right;">(\$ 5)</td></tr> <tr><td>_____ Fecal Test</td><td style="text-align: right;">(\$19)</td></tr> <tr><td>_____ Biohazard disposal fee</td><td style="text-align: right;">(\$2.25)</td></tr> </table>	_____ Rabies	(\$10)	_____ FVRCP Vaccine	(\$15)	_____ Leukemia Vaccine	(\$15)	_____ FVRCP/Leukemia combo	(\$25)	_____ Ear Mites Treatment	(\$10)	_____ Check for ear mites	(\$ 5)	_____ Fecal Test	(\$19)	_____ Biohazard disposal fee	(\$2.25)				
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<p style="text-align: center;"><b><u>KITTEN PACKAGE</u></b> <b>\$68.50</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Dr. exam</td> <td style="width: 50%;">Pyrantel (dewormer)</td> </tr> <tr> <td>FVRCP vaccine</td> <td>Nail Trim</td> </tr> <tr> <td>Flea treatment (Revolution)</td> <td>(Biohazard Disposal)</td> </tr> </table> <p><input type="checkbox"/> Add FIV/FelV testing for \$20.      <input type="checkbox"/> Add Fecal Test for \$10</p> <p>For outdoor kittens, leukemia vaccine suggested for 2<sup>nd</sup> booster at \$10.00</p>	Dr. exam	Pyrantel (dewormer)	FVRCP vaccine	Nail Trim	Flea treatment (Revolution)	(Biohazard Disposal)	<p><b><u>\$15. Office Fee w/ Technician required for:</u></b></p> <table style="width: 100%; border: none;"> <tr><td>_____ FIV/FLEUK test</td><td style="text-align: right;">(\$30)</td></tr> <tr><td>_____ Deworming - hookworms, roundworms</td><td style="text-align: right;">(\$10)</td></tr> <tr><td>_____ Deworming - tapeworms</td><td style="text-align: right;">(\$15)</td></tr> <tr><td>_____ Ear cleaning</td><td style="text-align: right;">(\$10)</td></tr> <tr><td>_____ Biohazard disposal fee</td><td style="text-align: right;">(\$3.25)</td></tr> </table>	_____ FIV/FLEUK test	(\$30)	_____ Deworming - hookworms, roundworms	(\$10)	_____ Deworming - tapeworms	(\$15)	_____ Ear cleaning	(\$10)	_____ Biohazard disposal fee	(\$3.25)				
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<p style="text-align: center;"><b><u>Spay / Neuter Value Package:</u></b></p> <p><b>Females 3 lb.&gt; \$130.00    ~ ~    Males 2 lb.&gt; \$115.</b></p> <p><b><u>Package Includes:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Pre-surgical exam</td> <td style="width: 50%;">Spay / Neuter Surgery</td> </tr> <tr> <td>Pain Medicine</td> <td>Antibiotic injection</td> </tr> <tr> <td>Rabies Vaccine</td> <td>FVRCP Vaccine</td> </tr> <tr> <td>Test for FIV/FLEUK/Heartworm</td> <td>Nails Trimmed</td> </tr> <tr> <td style="text-align: center;">Ears Cleaned</td> <td></td> </tr> </table> <p>~ ~ ~ e-collar for females \$10.00</p> <p>Ask our receptionist about our Ultimate Spay/Neuter Packages</p>	Pre-surgical exam	Spay / Neuter Surgery	Pain Medicine	Antibiotic injection	Rabies Vaccine	FVRCP Vaccine	Test for FIV/FLEUK/Heartworm	Nails Trimmed	Ears Cleaned		<p><b><u>No Office fee required for:</u></b></p> <table style="width: 100%; border: none;"> <tr><td>_____ Flea Treatment - Revolution</td><td style="text-align: right;">(\$16)</td></tr> <tr><td>_____ Microchip</td><td style="text-align: right;">(\$25)</td></tr> <tr><td>_____ Nail Trim</td><td style="text-align: right;">(\$12)</td></tr> <tr><td>_____ Soft Paws - Front</td><td style="text-align: right;">(\$25)</td></tr> <tr><td>_____ Soft Paws -front &amp; back</td><td style="text-align: right;">(\$45)</td></tr> </table>	_____ Flea Treatment - Revolution	(\$16)	_____ Microchip	(\$25)	_____ Nail Trim	(\$12)	_____ Soft Paws - Front	(\$25)	_____ Soft Paws -front & back	(\$45)
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<p style="text-align: center;"><b><u>ADULT BASIC PACKAGE</u></b> <b>\$66.25</b></p> <p>Doctor Exam Revolution FVRCP Vaccine Rabies Vaccine Biohazard Disposal</p> <p><input type="checkbox"/> Add Total Health Blood Test &amp; Cardiopet \$110. <input type="checkbox"/> Add Leukemia Vaccine. \$10</p>	<p style="text-align: center;"><b><u>ADULT ADVANCED PACKAGE</u></b> <b>\$86.25</b></p> <p>Doctor Exam Revolution FVRCP Vaccine Rabies Vaccine FIV/FELV test Biohazard Disposal <input type="checkbox"/> Add Leukemia Vaccine. \$10</p>
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**Vaccination Information:**

Although the benefits of pet vaccination far outweigh the risks, certain effects, some potentially fatal, can be associated with vaccination. Some of these may appear right after your pet is vaccinated or they may occur within 48 hours. They are relatively rare, however. Following is a partial list of adverse reactions to be aware of: low grade fever - soreness at injection site - sore joints - vaccine site lumps - vaccine site tumors (cats only) - iritis (inflammation of the eye) - anaphylaxis (acute allergic reaction); i.e. hives, facial swelling, vomiting, which can be potentially fatal if not treated.

**Request and Consent for Vaccination:**

I request to have my pet vaccinated. I have read and understand the materials provided to me. Any questions about vaccination have been answered to my satisfaction. I am aware of the potential benefits and risks of vaccinating my pet. I understand that serious complications after vaccination may occur and I will not hold CEE Spay Clinic liable for any fees or charges incurred as a result. I am aware that if I am not purchasing one of the packages above an office fee of \$15.00 is required.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_