



CHELSEA ANIMAL HOSPITAL

Surgery Check In

Pet's Name: _____

Owner: _____

Thank you for choosing Chelsea Animal Hospital for your pet's procedure. We would like to offer you and your pet the following services while he/she is under anesthesia.

___ **\$85** Pre-Anesthetic Blood Work – this blood work checks values in your pet's blood before any anesthesia is given or surgery performed. Included is: Complete Blood Count, Kidney Function, Liver Function, Blood Glucose, Electrolytes and Protein.

___ **\$56** Micro-chip – this will permanently ID your pet

___ **\$15** Nail trim

___ **\$10** Ear cleaning

___ **\$10** Potty trail – this is to clean or trim hair around your pet's bottom

___ **\$19** Anal Gland Expression

What medications is your pet on? _____

Additional Instructions _____

Telephone Number _____

_____ (initial) While my pet is here for a dental cleaning, I acknowledge

that any teeth that are not salvageable will be extracted at Doctors discretion.

Signature _____