Heal+hy Pets
Veterinary Hospital

Client COVID Screening

	Yes	No
Have you (the owner) or anyone in your household come in close contact with someone who has a confirmed case of COVID-19 within the last 14 days?		
Are you (the owner) or anyone in your household exhibiting symptoms of illness such as fever, respiratory illness, cough, or shortness of breath?		
Are you (the owner) or anyone in your household currently under quarantine?		

Patient's Name: _____

Person Bringing Patient to Appointment (first/last): _____

Best Phone Number for Phone Consultation: _____

Please have your phone on and near you after curbside handoff. Our team will contact you immediately upon completing the non-anesthetic dental cleaning.

Non-anesthetic dentals are price based on frequency of maintenance cleaning. Maintenance must be completed at our hospital for discounted pricing. Current prices are as follows:

- First cleaning or maintenance cleanings more than 5 months apart $240.
- 5 month maintenance cleaning $200.
- 4 month maintenance cleaning $175.
- 3 month maintenance cleaning $145.
- 2 month maintenance cleaning $90.
- 1 month maintenance cleaning $50.

Ownership Statement, Cancellation & Drop Off Policy

I am the owner and/or agent of the listed animal and have the authorization to consent to treatment if and when it is needed. I understand that I will be financially responsible for all fees for services included in treatment plans provided to me in person, over the telephone, via email, as well as verbally approved treatments. I understand that professional fees are to be paid at the time services are rendered. I understand that 24 hour cancellation is needed for all appointments. No shows and cancellations with less than 24 hour notice are subject to a cancellation fee of $50 for appointments with doctors and $25 for appointments with technicians and for non-anesthetic dentals. I understand that I need to be present and available for hand off at the conclusion of my pet's visit. If not present and available a $25 drop off fee will be assessed.

Client Signature: _____   Date: _____