

OPTIONAL LICK SLEEVE ORDER

Date:	Referring Hospita	ıl/Doctor:	
Pet's na	me: C	lient's name:	
This document acknowledges that I have been informed that my pet is not permitted to lick or chew at the surgical incision. I have been informed of the treatment options, Lick Sleeve and Elizabethan collar (E-collar or "cone of shame").			
The Lick Sleeve is an optional alternative to cover and protect the incision when the pet is supervised.			
The incision should still be monitored at least once per day.			
I CHOOSE TO PURCHASE THE LICK SLEEVE FOR MY PET FOR AN ADDITIONAL \$100.			
I DECLINE TO PURCHASE THE LICK SLEEVE FOR MY PET.			
Client's	signature	Client's phone number	Date

SIZE GUIDE MEASURE IN ORDER:



