Jennifer Hoch, DVM
Diplomate ACVS

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OPTIONAL LICK SLEEVE ORDER

Date:_____ Referring Hospital/Doctor:_____

Pet's name:_____ Client'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; or for the Bilateral (both legs) Suit for $130.

_____ I DECLINE TO PURCHASE THE LICK SLEEVE FOR MY PET.

_____ _____ _____

Client's signature | Client's phone number | Date

Reversible Single Lick Sleeve
$100

Bilateral (Both Legs) Lick Sleeve Suit
$130