

MVSSforpets@gmail.com www.MVSS.info (336) 580-4570

OPTIONAL LICK SLEEVE ORDER

Date: Refer	ring Hospital/Doctor:	
Pet's name:	Client's name:	
permitted to lick or chew at the	owledges that I have been informed the surgical incision. I have been informed the bethan collar (E-collar or "cone of sh	rmed of the treatment
The Lick Sleeve is an the pet is supervised.	optional alternative to cover and pro	otect the incision when
The incision should s	still be monitored at least once per d	ay.
I CHOOSE TO PURCE	HASE THE LICK SLEEVE FOR MY P	ET FOR AN ADDITIONAL
I DECLINE TO PURC	HASE THE LICK SLEEVE FOR MY F	PET.
	Client's phone number	 Date

SIZE GUIDE

MEASURE IN ORDER:



