

BAYVIEW ANIMAL HOSPITAL, P.C.

(801) 451-2359

Patient _____ Date _____ Home Phone _____

Owner _____ Phone where you can be reached TODAY _____

This form is designed to facilitate your choice of the options available for your pet, and to give the Dr. permission to administer anesthesia and to perform the surgery. When you have completed this form, our office staff will answer any questions you might have, and give you an estimate of the expenses the procedures will incur. In the event of **unpredicted circumstances** that would cause the fees to exceed the estimated, we will attempt to contact you before proceeding. Please make it clear to our staff of all procedures you want the Dr. or staff to perform.

Surgical Procedure 1. _____ 2. _____ 3. _____

Avid Chip Identification: This tiny computer chip is implanted under the skin at the back of the neck. It uniquely identifies your pet, and traces it back to your name and telephone number. We recommend this method of permanent identification for pets that wander or are very valuable and tempting to steal. Please call for current pricing.

Yes - Identify my pet with a chip. _____ No- Not at this time.

Pets cannot tell us when they hurt, but we know they have essentially the same feelings we do. therefore we assume any condition or injury capable of causing pain in humans is also capable of causing pain in pets. We request adequate Pain medication to go home.

I hereby _____ Accept _____ Decline

We recommend a blood cell count and blood chemistry prior to your pets surgery. The latest technology has enabled us to run safe and accurate blood chemistries minutes before anesthetic induction. These tests are similar to those your own physician would run if you were to undergo anesthesia. This profile helps us to know if your pet is in a low risk category prior to anesthesia, or that we need to take precautions due to specific health problems. Please call for current pricing.

_____ I accept the pre-anesthetic blood profile

I _____ decline the recommended bloodwork at this time, and request that you proceed anesthesia.

Payment is expected when **services** are rendered unless other arrangements are made in advance. Payment will be by:

_____ Credit Card
_____ Personal Check
_____ Cash