

1611 N. Main St.
Findlay, Ohio 45840
(419) 422-3292
www.bvvc.net
bvvc@bvvc.net



Date: <date>
Owner: <first-name> <last-name>
Address: <address>, <city>, <st> <Zip>

Preferred method of contact after surgery today:

Text: _____ Email: _____ Phone: _____

Phone/Email: _____ Other Phone/Email: _____ (the numbers where we can reach you the day of the procedure)

Patient: <animal> Sex: <sex-name>
Breed: <Breed> Age: <age>
Color: <color>

1. **Dogs: Over six months of age must have a current heartworm test or be on preventative** before any procedure(s) will be performed. We also recommend all vaccines be current at the time of services.
2. **All Animals:** Sedation, anesthesia, and surgery do carry some risk; therefore, the clinic recommends blood testing for all animals. Many anesthesia agents are removed from the body by the liver and kidneys so it is important to know that these organs are functioning properly. The testing also checks the blood count to make sure there are enough red blood cells to carry oxygen while your pet is being treated. The cost for this procedure is \$64.50.
I accept _____ I decline _____
3. **All Animals:** We offer microchip implantation with Home Again ID Microchips. If you would like to have a microchip implanted in your pet, we recommend that it be done with this surgical procedure. The cost for the microchip implant and first year's registration is \$44.00.
I accept _____ I decline _____
4. **All Animals:** I understand that during the performance of the following procedure(s), unforeseen conditions may be revealed that necessitate a variance in the procedure(s) and estimate as listed below. I expect B.V.V.C. to use reasonable care and judgment when dealing with these variances, and contact me at the above number as soon as possible to discuss such variances. I understand that complications resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred during treatment. **Payment for procedures is due when the animal is released.**

I have read and understand the preceding 4 sections. _____ Initials

<estimate>

As the owner or agent of the owner of the above animal, I hereby give my consent to Blanchard Valley Veterinary Clinic to perform the preceding procedure(s). I acknowledge that I have been made aware of the estimated costs of the procedure(s) listed above.

Signature of owner/authorized agent for owner

Date

BVVC Staff Member