



Authorization for Feline Declaw Surgery

Client's Name _____ Pet's Name _____

Declaw: _____ Front feet only
 _____ All four feet

Additional anesthetic and medical or surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, authorize the veterinarian(s) at this practice to perform the above procedure(s). I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- The reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedures to understand what will be performed
- How fully my pet will recover and how long it will take
- The most common and serious complications
- The length and type of follow-up care and home care required
- Any necessary payment arrangements

I also understand that in an effort to detect underlying health problems that may cause complications during anesthesia, all patients must have a pre-anesthetic blood panel performed within 60 days of the procedure. If the blood panel is not current, a panel will be run prior to anesthesia on the day of the procedure.

While I accept that all procedures will be performed to the best of the abilities of the staff at this clinic, I understand that veterinary medicine is not an exact science and that no guarantee or warranty has been made regarding the results that may be achieved.

MICROCHIPPING OPTION: A microchip is a small permanent identification chip that is inserted under the skin on the back between the shoulder blades. Should your pet become lost or stolen, the identification number contained in the chip can be a useful tool to reunite you with your pet. If your pet is not already microchipped, this can easily be done while your pet is anesthetized today.

- _____ Yes, I would like to have my pet microchipped. (\$53.05)
- _____ No, I do not want to have my pet microchipped.
- _____ My pet is already microchipped.

I have read and understand the nature of the above procedures and give my consent to proceed.

(____) _____ - _____ (____) _____ - _____
Phone number(s) where I can be reached today

_____ **I opt to receive text messages about the status of my pet.**

Signature of Owner or Authorized Agent

Date

Current medications that your pet is on including dosage and time last given:

Post Operative Pain Medication:

Declawing is a painful orthopedic procedure that requires the use of pain medication for 1-2 weeks after the surgery. This medication needs to be specially prepared at a pharmacy that compounds pet medications. Please indicate to which pharmacy you would like your prescription called.

Please call my prescription in to The Pet Apothecary in Glendale

Please call my prescription in to Ye Olde Pharmacy in Cedarburg