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|---------------------------------------|
| OFFICE USE ONLY |
| Weight _____ |
| Was pet fasted? Y / N |
| List ANY meds given this AM: _____ |
| Vaccinations up to date? Y / N |
| Date _____ |
| Pt. checked in by _____ |



Concordia Veterinary Clinic
 2 NE Tenth Street, PO Box 153, Concordia, MO 64020
 660-463-2332

Declaw Surgery Authorization

Owner's Name: _____ Pet's Name: _____ Date _____

Name and Phone Number(s) of the decision maker who can be reached today: _____
Please list the phone number of the person who needs to be contacted regarding decisions for care and updates. It is imperative that we can reach this person in a timely manner while your pet is at the clinic today. Please have the phone listed above available and be free to talk if needed.

Do you know of any allergic reactions or pre-existing health problems your pet has? Please circle **YES** **NO**
 If yes, please explain. _____

Pets entering the clinic who have external parasites (fleas and ticks) will be treated at the owner's expense.

Vaccinations: For the safety of all patients in the clinic surgery ward, all surgery patients must be current on **Rabies and Feline Distemper Leukemia vaccinations**. Proof of previous vaccinations, if done elsewhere, must be presented to the clinic. If proof of vaccinations cannot be confirmed by the time of patient's surgery, vaccinations will be administered at the owner's expense.

PLEASE READ CAREFULLY:

Pre-Anesthetic Screen

Advances in anesthesia have made routine procedures requiring anesthesia relatively safe, with a low rate of complications. Pre-anesthetic blood work checks the internal organs and blood count and is a vital part of safe anesthesia. To provide the best level of care for your pet we perform blood work prior to anesthesia which helps to reduce your pet's risk under anesthesia. Nevertheless, occasional problems may arise due to pre-existing conditions not evident during pre-surgical examinations. There are risks inherent in the use of anesthetics which can include allergic reactions, disability, longer than normal recovery time, and death.

Cardiac Arrest: In the event of Cardiac Arrest would you like CPR performed on your pet? Please circle **YES** **NO**
 Efforts may include Oxygen, Epinephrine, and Chest Compression.
 Estimated cost is **\$25.00 - \$60.00**

Pain Suppressant

Declawing a cat requires amputation of the last bone of each toe. The American Veterinary Medical Association regards this procedure as a "major surgery". Due to the substantial pain associated with this procedure, we utilize a multi-modality approach to control pain. Your cat will receive the following pain control medications prior to surgery and once daily while hospitalized for a minimum of 2 days.

- Buprenorphine injection
- Oral pain medication
- Cold laser therapy

*Additional pain medications will also be sent home with your cat depending on their level of pain.

Additional Services

While your pet is in the clinic, would you like any of the following additional services? Please circle **YES** **NO**
 If yes, please check the ones you want performed. If nothing is marked, you are declining these tests or services.
 Ear Cleaning **\$17.00** Fecal Analysis **\$13.40**

Feline Leukemia Virus and Feline Immunodeficiency Virus are two common cat diseases that may not initially cause noticeable symptoms. Kittens may even be born with a viral infection. Exposure can occur any time in life when a cat comes into contact with an infected cat or with an infected cat's food or water bowls. Both of these viruses persist for the cat's entire life and cause immunosuppression. If you have questions please ask your doctor.

Please test my cat for Feline Leukemia and Immunodeficiency Viruses \$40.10 Please circle **YES** **NO**

Microchip:

We can implant a microchip on your pet for an ID that cannot get lost. This simple procedure can be performed while your pet is here today.

Does your pet already have a microchip? Please circle **YES** **NO**

Would you like a microchip implanted today? **\$39.50** Please circle **YES** **NO**

Please list any additional treatments not previously listed on this form that you would like to have done while your pet is here. (Additional charges may apply.) _____

Please indicate your understanding and agreement by providing your initials before each statement below:

_____ I understand that unforeseen conditions may be revealed during the procedures that may require more extensive or different treatments. I understand that all reasonable efforts will be made to contact me to authorize any additional treatments. However, if these efforts are unsuccessful, I authorize the performance of any procedures or treatments that are deemed immediately necessary for the health and wellbeing of my pet in the professional opinion of the attending veterinarian.

_____ The veterinarian has described the declaw surgery and pain management protocol identified in the consent form and has explained to my satisfaction the purpose for performing them and the risks involved with them. I realize that there can be no guarantee as to the outcome of any procedures.

_____ I hereby authorize anesthesia/ surgery for my pet. I understand that some risks always exist with anesthesia and/or surgery. My signature on this consent form indicates that any questions have been answered to my satisfaction. While Concordia Veterinary Clinic provides high quality anesthesia monitoring and surgical services, I understand that there are rare complications associated with any anesthetic or surgical procedure. I understand that there is an extremely small risk of death, complications, or side effects every time an anesthetic is used. I acknowledge these risks and understand that the veterinarians and hospital staff will try to minimize such risks. I will not hold Concordia Veterinary Clinic, the veterinarians, or any staff member liable for any complications that may arise.

**Payment for veterinary services is expected at the time services are provided
or when the patient is released**

I hereby certify that I have read and fully understand this authorization for treatment. I am the owner or agent for the above listed animal and have the authority to execute this consent. I assume financial responsibility for all charges incurred to the above patient and agree to pay all charges when the animal is released from the clinic. I understand the Concordia Veterinary Clinic will use reasonable precautions to assure my animal's safety while it is in the clinic care, but I will not hold Concordia Veterinary Clinic responsible if my pet should injure itself, escape, fail to eat, become ill, or die. I authorize Concordia Veterinary Clinic doctors and staff to perform procedures and absolve the clinic and it's staff of all liability arising from the performance of procedures herein. I have reviewed the information and statements above and agree to these policies and procedures.

Signed _____ Date _____