

Office use only:

Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was pet fasted? **Y / N**

Procedure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

Phone Number:

*List additional procedure(s) to be performed:*

Estimated cost of procedure(s):

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

Do you know of any allergic reactions or health problems your pet has?  Yes  No

If yes, please explain.

## Pre-Anesthetic Screen

Advances in anesthesia and surgery have made routine procedures relatively safe, with a low rate of complications. Nevertheless, occasional problems may arise due to pre-existing conditions not evident during pre-surgical examinations. A pre-anesthetic blood profile will be completed on your cat which can reduce your pet’s risk under anesthesia. 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 in contact with an infected cat or in contact with an infected cat’s food or water bowls. Both of these viruses remain for the cat’s entire life and cause immunosuppression. If you have questions please ask your doctor.

**If nothing is marked, you are declining the specialized blood tests.**

Please test my cat for Feline Leukemia and Immunodeficiency Viruses **$40.10**   Yes  No

**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 medications as part of our declaw package prior to surgery and once daily while hospitalized for a minimum of 2 days.

Simbadol injection

Onsior tablet by mouth

Cold laser therapy will be performed one time immediately post-operatively

\*Additional doses of Onsior, a feline anti-inflammatory pain medication, will also be sent home with your cat.

**Continued on back**

**Cardiac Arrest:**

In the event of Cardiac Arrest would you like CPR efforts performed on your pet?  Yes  No

Efforts may include Oxygen, Epinephrine, and Chest Compression.

Estimated cost is **$25.00 - $60.00**

**Vaccinations:**

For the safety of all patients in the clinic surgery ward, all surgery patients must be current on **Rabies,**

**FVR and Feline 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.

Rabies--- 1 year/3 year **$24.20/$30.00**  FLVK +C **$30.00**

**Additional Services:**

While your pet is in the clinic, would you like any of the following additional services? If so, please check:

Ear Cleaning $**16.50**  Fecal Analysis $**13.40**

**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 have a microchip?  Yes  No NO

Would you like a microchip implanted today? **$38.00**  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.)

#### Payment

Payment for elective surgeries is expected at the time services are provided or when the patient is released. How do you plan on paying for the services chosen above: *(Please circle your answer.)*

Cash  Check  Credit Card  Debit Card  Care Credit

I understand the Concordia Veterinary Clinic will use reasonable precautions to assure my cat’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 absolve Concordia Veterinary Clinic and it’s staff of all liability arising from the performance of procedures herein. I also authorize the clinic doctors and staff to provide veterinary services as requested.

I have reviewed the information and statements above and agree to these policies and procedures.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone Number (s) / Cell Phone Number