



FELINE SURGERY/DECLAW RELEASE FORM

Pet's Name _____

Owner's Name _____

Phone Number _____

Time of last meal _____

Current Medications _____

AGVC Clinic Use Only

Please check to either accept or decline the following:

Sterilization Surgery	Spay	Neuter	Already Done
Front paw declaw (2 night hospitalization)	Accept	Decline	

I understand that there are increased surgical risks and short- and long-term post-operative complications that may occur with the elective amputation of the third phalanges, or "declawing," of my cat's front paws at any age, and that these risk increase for cats over the age of 8 months. These risks and complications may include: infection at the declaw sites, short- and long-term limping, pain, behavioral changes, and impaired self-defense.

Please initial that you are aware of the post-operative risk with declawing

Pre-Anesthetic Blood Testing (\$59)	Accept	Decline
IV Fluid Therapy (\$54)	Accept	Decline
Microchip Identification Implantation & Enrollment (\$50)	Accept	Decline
FelV/FIV testing for Feline patients (\$42)	Accept	Decline

Please list any additional treatments you would like done (additional cost may apply)

The Apple Grove Veterinary Care team strives to provide the highest quality care and perform the authorized precautions to avoid potential risks or problems. **I understand there may be risks involved in anesthetic and surgical procedures (including death) and may require additional treatment.** We provide compassionate care by administering pain management before, during and after surgery to all patients. In addition, patients are monitored continuously from the beginning of anesthesia through recovery by a licensed veterinary technician.

I hereby authorize the veterinary care team to perform procedures listed above. The procedure(s) has been explained and no guarantee has been made as to the results. I understand that if my pet has fleas he/she will be treated prior to surgery with a Capstar Pill (\$6-\$9).

I will pay, in full, for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances when my pet is released. Any estimates or changes for the planned procedures are only approximations, and the final bill may be greater or less than these amounts.

Client Signature:

Date: