



Owner's Name: _____

Patient's Name: _____

Phone Number : _____

Feline Declaw Consent Form

I, the owner/agent of the above mentioned pet, hereby authorize the veterinarians and staff of Summers Ridge Vet Clinic to perform the following procedures:

- 1.) _____
- 2.) _____
- 3.) _____

Is your pet currently on a flea preventative? _____ Yes _____ No Product _____ Last applied _____

Yes No
_____ _____ Apply Revolution

Yes No
_____ _____ Pre Surgical Blood Screening

_____ _____ Radio Wave Surgery

_____ _____ Vaccinations _____

_____ _____ Dewormer

_____ _____ Retained Baby Tooth Extraction

Yes No
_____ _____ Felv/FIV test

_____ _____ Fecal Exam

_____ _____ Microchip Implant

_____ _____ Nail Trim (No charge)

Other Requests: _____

If we find any abnormalities during examination before surgery, we will attempt to reach you by phone.

I understand that Rabies vaccine must be current and flea preventative is required.

I authorize the staff of Summers Ridge Vet Clinic to perform the procedure(s) listed above, as well as those deemed necessary to treat life-threatening emergencies related to this care. As with all anesthetic, treatment, and/or surgical procedures, I understand there are risks inherent in these services. I acknowledge that staff members at this practice have explained the procedures to me, answered questions to my satisfaction, and cannot be held responsible for any unforeseeable results. I accept the conditions of treatment that this veterinary practice has explained to me and will provide for my pet.

I agree to pay for all services rendered at the time of my pets discharge.

If this bill is not paid as agreed, I agree to pay all expenses incurred by Summers Ridge Veterinary Clinic. This may include interest, collection agency fees, all court costs, attorney fees, and any other expenses incurred.

All delinquent accounts shall accrue interest at the rate of 1.5% per month.

By signing below, I agree to the terms listed above.

Signature of Owner or Agent

Date

Misc notes: _____

office use only
 staff initial: _____
 Pick up time: _____
 Weight: _____