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# New Georgia Animal Hospital

## Declaw Release Form

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Client Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Please answer the following questions regarding your pet's history:

- Yes  No Is your pet on heartworm prevention?  
 Yes  No Any vomiting, coughing, sneezing or diarrhea noted?  
 Yes  No Has your pet eaten this morning?  
 Yes  No Has your pet been ill or injured in the past 30 days?  
 Yes  No Is your pet allergic to any medications?  
 Yes  No Was your pet adopted from the shelter? When \_\_\_\_\_

We recommend a blood panel be run before the surgery to help detect any internal problems with the liver/kidneys that may not be evident upon a physical examination. The cost of the recommended blood panel is \$41.00 Please Initial yes or no. Yes  No

All pets will be given a capstar tablet upon entering the hospital. This pill will last for 24 hours and kill any fleas on your pet or that come in contact with your pet. The cost for this is \$6.00 Please initial

Would you like to have any additional procedure(s) done while your pet is under anesthesia?

Dental  Nail Trim  Other \_\_\_\_\_

Telephone number where you can be reached \_\_\_\_\_

What surgery to be performed \_\_\_\_\_

Would you like an estimate of today's services? YES  NO

Would you like to have your pet microchipped? The cost for the microchip is \$33. There is also a registration fee of \$25 that we will process for you through Home Again. YES  NO

Pain Medication will be provided to your pet for his/her comfort. A Pain injection will be administered prior to surgery as well. The cost of this medication and the pain inj is included in the pricing.

I am the owner or agent for the above described animal and have the authority to execute this consent and authorization of the above named surgery(s), I understand that during the performance of the procedure(s), unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure(s), or even different procedure(s), than those set forth previously. I hereby consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the veterinarian's professional judgment. I have been advised of the nature of the procedure(s), as well as the risks involved, and also realize that results cannot be guaranteed. I additionally authorize the use of appropriate anesthesia, pathologist examination of excised tissue as deemed appropriate by the veterinarian, and the administration of other medications, and understand that hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent.

\_\_\_\_\_  
Date Signature of Owner or Agent