

OAKLAWN ANIMAL HOSPITAL, INC.
655 Oaklawn Avenue
Cranston R.I. 02920
401-943-0500

Client _____ Patient _____ Date _____

DECLAWING

Cats can be declawed as early as 6-12 weeks of age, although we typically recommend the procedure be performed between 3-4 months of age, when the kittens' series of vaccines is complete. The procedure is performed under general anesthesia, and involves complete removal of the third phalanx and claw of each toe. Although all four feet can be declawed, it is recommended that only the front feet be declawed so that the cat can use its hind claws for protection, if necessary. We strongly advise the cat be strictly indoors after this procedure.

All animals undergoing general anesthesia require an overnight fast. The procedure is usually performed on a Monday and the cat will return home on Wednesday.

Absorbable sutures or surgical glue are sometimes used to close incisions. The feet are then bandaged to minimize bleeding. The bandages are removed the following morning. If the bleeding has stopped the cat can go home the following day.

Home care after declawing involves using shredded newspaper or Yesterday's News in place of regular litter for 10 days to reduce contamination of incisions. Checking your cat's feet every day to look for swelling or discharge is also very important. Our doctors routinely provide an injection of a 24-hour pain reliever at the time of surgery and additional medication is given post-operatively for your pet to take at home. Antibiotics are started the evening of surgery and should be continued for 10 days. The cats' feet may be tender for the next 10 days. Complications include, but are not limited to hemorrhage, infection of wound, and re-growth of nails.

Before performing any procedure requiring anesthesia, blood work will be run to confirm your pet's overall health. This will also reveal certain health conditions that could put your pet at risk. If the results are abnormal, the doctor will contact you to discuss treatment options. The test results will become part of your pet's medical record for future reference.

PLEASE INITIAL ONE OF EACH OF THE FOLLOWING:

Have you withheld food and water from your pet? YES _____ NO _____

Has your pet been on the prescription pain medication Metacam or Buprenex in the last 2 days?

No _____ Yes _____

If yes, last time and date given: _____

Has your pet been on any over the counter pain relievers, i.e. baby aspirin, aspirin, ascriptin, etc., or any steroids, i.e. prednisone, prednisolone, dexamethasone, etc. in the last 7 days?

YES _____ (If yes, they should have been stopped 7 days prior to surgery due to the effects on your pet's platelets, which allow blood to clot. There may be also adverse gastro-intestinal effects that can occur when in combination with our pre-surgical medications and pain medications going home with your pet.)

NO _____

At the time of the pre-surgical exam if there are baby teeth present and the adult tooth has erupted we recommend having the baby tooth extracted. Extracting these teeth will prevent misalignment of adult teeth and will lower their risk of dental disease later on in life. There will a \$10 charge for each baby tooth that is extracted.

YES _____, perform the necessary extractions. NO _____, I understand the risks of not extracting retained baby teeth.

The Home Again Pet Recovery Service is a safe, simple and permanent form of pet identification designed to quickly identify lost pets and reunite them with their owners. Micro chipping your pet with Home Again is recommended for dogs and cats of all breeds and ages. It is safe for puppies and kittens, as well as older pets who may wander away from home. The microchip is inserted between the shoulder blades under the skin. Would you like to do this for your pet today? The cost is \$50 for microchip placement. There is an annual fee of \$17.99 which is the responsibility of the owner.

YES____, please perform Home Again placement. NO____, I decline Home Again placement today.

Your pet will be checked for fleas while here. For the protection of all pets in hospital if your pet has fleas he/she will be treated with Capstar. Capstar is a fast acting flea treatment that will not interfere with any other flea treatment you may be using. There will be an additional charge of \$5.00 if your pet is treated.

PLEASE READ AND SIGN BELOW

I, the undersigned owner or agent of the pet named above, certify that **I am 18 years of age or older** and authorize the veterinarians of Oaklawn Animal Hospital to treat or perform needed procedures on my animal. You are to use all reasonable precautions against pain, injury, or escape of my animal. You will not be held liable or responsible in any manner for unforeseen incidents or accidents caused by the care, treatment, or safekeeping of my pet. It is thoroughly understood that I assume all risks, and that some risks always exist with anesthesia. As with any general anesthetic procedure there is a slight risk of an Idiopathic (unknown cause) Anesthetic Reaction (IAR) which in rare cases can be serious and can result in death. IAR is thought to be a cardiac hypersensitivity when given the anesthetic at it is accepted and standard dosage. IAR has no predisposing factors, does not appear to favor one breed or species over the other. It is not revealed in standard screening tests, and thus making it impossible to predict in advance.

Financial responsibility for services are due at time of discharge. I also understand that Oaklawn Animal Hospital, INC. is not staffed 24 hours a day and after hour treatment of patients is at the discretion of the veterinarian.

My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- **The reasonable medical and/or surgical treatment options for my pet**
- **Sufficient details of the procedure to understand what will be performed**
- **How fully my pet will recover and how long it will take**
- **The estimate of the fees for all services**

SIGNATURE OF OWNER/AGENT _____ DATE _____

PRINT NAME _____

PHONE NUMBER(S) WHERE I CAN BE REACHED _____

E-MAIL _____