



OCONEE
VETERINARY
HOSPITAL

www.oconeevet.com

7530 Macon Highway
Watkinsville, Georgia 30677
706-769-7513

Estimate for Feline Declaw Procedure, Front Paws

This procedure is done by disarticulating the last joint of each toe, NOT cutting the bone. If you elect to have this procedure, please be aware that it is considered a cosmetic procedure. We prefer to do this procedure under 9 months of age to help recovery time.

This surgical procedure includes:

- A brief preanesthetic exam.
- Basic blood testing to check for anemia, kidney, liver and pancreas function. This helps insure a favorable outcome, or gives us a warning for potential problems.
- Subcutaneous fluid administration.
- Premedication to relax them prior to the procedure.
- General, gas anesthetic.
- Anesthetic monitoring.
- Pain medications given at the time of the procedure for all patients.
- Continued after care monitoring, and one night of hospitalization.
- Pain medications sent home.

The full cost of this procedure is valued: \$ 401.00

Our clinic initiated discounts: - \$ 185.00

Total price: \$ 216.00

Extra potential cost:

1. If greater than 9 months, Add: \$65.00. (one more night of hospitalization and longer surgery time).
2. If you request all 4 paws be declawed, Add: \$130.00 to the base price. Do not have to also add the extra \$65.00 if greater than 9 months old.

Considerations for surgical candidates:

- Must have verifiable (in writing) proof of vaccines; this insures the safety of our staff and other pets in the clinic.
- The surgery must be scheduled by appointment only.
- Must be free of external and internal parasites. If parasites are detected, they will be treated at the owner's expense.
- Be prepared to limit the pet's activity post operatively as instructed.



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Surgical Consent Form
Oconee Veterinary Hospital
706-769-7513 • fax 706-769-9142

Date _____
 Owner _____
 Pet's name _____
 Species _____ Breed _____ Sex _____
 Today's Phone Number _____

As the owner or agent of the above animal, I hereby give my consent and agree to the estimate provided by Oconee Veterinary Hospital to perform the following procedures:

- 1. Neuter \$ _____
- 2. Spay \$ _____
- 3. Dental \$ _____
- 4. Mass removal \$ _____
- 5. Declaw \$ _____
- 6. Microchip \$ _____
- 7. Vaccines \$ _____
- 8. Other _____

I understand that during the performance of this/these procedures, unforeseen conditions may be revealed that necessitate an extension or variance in the procedure(s) set forth above. I expect Oconee Veterinary Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved has been explained to me and I realize results cannot be guaranteed. I am aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding my pet(s).

All services must be paid for at the time they are rendered. We do not postdate checks or extend credit. We do take Cash, Check, American Express, Discover, Visa, MasterCard, and Care Credit.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNERS EXPENSE.

Owner's signature _____

Staff signature _____