

Owner's Name:	
Patient's Name:	
Phone Number :	

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		ne Declaw			
_	nt of the above mentioned pet, hereby authorize t llowing procedures:	he veterinarians	and staff of	Summer	rs Ridge Vet Clinic
1.)			_		
2.)			_		
3.)			_		
vour not ourror	athuan a flag proyentative?	o No	Draduat		Lost applied
your pet currer /es No	ntly on a flea preventative?Yes	s No	Product		Last applied
	_ Apply Revolution				
es No			Yes	No	
	Pre Surgical Blood Screening				Felv/FIV test
	Radio Wave Surgery				Fecal Exam
	Vaccinations				_ Microchip Implant
	_ Dewormer				_ Nail Trim (No charge)
	_ Retained Baby Tooth Extraction				
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