

MODEL DECLAW EDUCATION VERIFICATION FORM

Patient Information

Patient Name: _____ Age: _____ Weight: _____

Species/Breed: _____ Color/Markings: _____

Sex: _____ Sexually intact? Yes No

Owner Information

Owner Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

I am aware scratching is a normal behavior and alternative training and management options are available to control undesirable scratching.

I have been made aware of and discussed the alternatives to declawing with my veterinarian.

I am aware that declawing is an elective orthopedic procedure involving the amputation of the third toe bone and claw. While the claw is no longer present, I am aware that my pet may still exhibit scratching behavior.

I certify that I am the legal owner or authorized agent of the owner.

[Include surgical release language here or as an attached form]

In consultation with my veterinarian, I have made the decision to have my pet declawed because (check all that apply):

Reasonable attempts to utilize the recommended alternatives have failed

The procedure was recommended by a physician due to a health condition of a household member

Declawing is required to keep my pet at my place of residence

I am unable to attempt the recommended alternatives

Owner Name: _____ Date: _____

Owner Signature: _____