

Aztec Animal Hospital

8140 E. McDowell Rd
480-945-8671

Ear Crop & Tail Dock Consent

Quartz Mountain Animal Hospital

8875 E. Via Linda
480-860-1433

OWNER NAME _____
OWNER'S PHONE# _____
OWNER'S ADDRESS _____

OWNER'S EMAIL _____
PET'S NAME _____
PET'S AGE / D.O.B. _____
BREED _____
SEX - <i>Select one</i> Female Spayed Not spayed
Male Neutered Not neutered
MICROCHIPPED Yes No
UP TO DATE ON VACCINES? Yes No
<i>Proof of vaccines is required</i>

The American Veterinary Medical Association has deemed that ear cropping in dogs for cosmetic reasons are not medically indicated nor of benefit to the patient. This elective procedure causes pain and distress, and as with all surgical procedures, are accompanied by inherent risks of anesthesia, blood loss and infection. I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure is initiated. My signature on this form indicates that any questions I have, have been answered to my satisfaction.

Initials I also understand that should my pet experience a rapid growth spurt that this can cause development of scar tissue resulting in a cinching or gathering of the ear tip.

Initials I also acknowledge that a presurgical consult was performed to my satisfaction by the attending veterinarian regarding size and shape of ears.

Initials I understand the Doctor will crop my dogs ears to the best of his ability. The shape and size will be as close as possible to match the pictures I have brought or sent to the staff at Aztec Animal Hospital. There is no 100% guarantee the ears will be an exact match during and after healing.

Initials I also understand my pet is electively going under general anesthesia and although the staff and Doctor at Aztec are not anticipating any issues we can not guarantee any complications up to and including death.

Initials I also acknowledge that posting my dogs ears after they have healed is entirely up to me. Aztec Animal Hospital offers posting at a additional fee.

I have read and understood the above and consent to the procedure to be performed.

SIGNATURE: _____ DATE: _____