

EL DORADO ANIMAL HOSPITAL

3500 NORTH JEFFERSON • EL DORADO AR 71730 • 870.863.4194

EAR CROPPING AGREEMENT FORM

CLIENT NAME: _____

PATIENT: _____ BREED: _____ DOB: _____

READ THEN INITIAL EACH LINE

_____ 1. I am the owner, or the authorized agent for the owner, of the animal described above and I have the authority to execute this consent.

_____ 2. There is no guarantee that my dog's ears will stand once the ears have been cropped. It can take up to 6 months for the ears to stand correctly. In some cases, the ears never stand correctly.

_____ 3. I will be required to return with my pet for subsequent visits following this procedure; these visits will be required for an undetermined amount of time which will be determined by my pet's progression and the veterinarian's recommendations. Additional charges will be accrued if I request tapings after Dr. Mitchell has deemed it no longer necessary.

_____ 4. My animal may be sent home on pain medications and/or antibiotics, which may accrue additional charges.

_____ 5. If an E-collar is fitted and placed on my dog during the post-surgical recovery period I agree that the collar will stay on, at all times, during the healing process to prevent my dog from scratching or rubbing the surgical margins, tape and sutures.

_____ 6. I understand that, in addition to typical complications associated with anesthesia & surgery, additional complications that pertain specifically to ear crops may arise. These complications include, but are not limited to, blood clotting disorders such as von Willebrand disease.

PLEASE READ THEN SIGN BELOW

It is your responsibility to follow up with weekly rechecks & tapings at our hospital; failure to do so may result in sub-optimal cosmetic appearance. The length of follow up time is highly variable and depends on the breed, individual genetics, style of ear crop, and your diligence at home.

IF YOU DON'T THINK YOU CAN COMMIT TO THE POST-OPERATIVE MANAGEMENT, EAR CROP MAY NOT BE THE RIGHT CHOICE.

I have read and understand this document fully to my ability. I understand the procedure to be performed on my pet and have no further questions at this time. I acknowledge there may be concealed health risks to my pet and release El Dorado Animal Hospital from any unforeseen complications arising from anesthesia/surgery. If I cannot be reached, I agree to allow any treatment deemed medically necessary for the health of my pet.

Owner/Agent Print Name: _____

Owner/Agent Signature: _____ Date: _____