

# Western Hills Animal Hospital

5120 Johnson Road

Wichita Falls, TX

76310

(940) 691-9401

## Ear Cropping and Tail Docking Consent Form

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

I understand that: (please initial each statement)

- \_\_\_\_ 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. Ear cropping and tail-docking procedures in dogs for cosmetic reasons are not medically indicated, these procedures cause pain and distress and are accompanied by inherent risks of anesthesia, blood loss, and infection.
- \_\_\_\_ 3. There is no guarantee that my dog's ears will stand once the ears have been cropped.
- \_\_\_\_ 4. I will be required to return with my pet for subsequent visits following this procedure and additional charges may be accrued with those visits.
- \_\_\_\_ 5. Follow up visits will be required for an undetermined amount of time which will be determined by my pet's progression and the veterinarian's recommendations.
- \_\_\_\_ 6. My animal may be sent home on pain medications and/or antibiotics, which may accrue additional charges.

Today, I can be reached at these telephone numbers:

- i. \_\_\_\_\_
- ii. \_\_\_\_\_

Sign below indicating that you have read and understand this consent form. If you need further information, please ask. You have every right to be fully informed of your pet's care and we are glad to help.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_