

Thank you for your interest in ear cropping at Pet Central Animal Hospital.

**PLEASE READ CAREFULLY AND SIGN BELOW**

- All ear crop inquiries are required to read this document, sign their name, and send it back to us prior to scheduling.
- **A non-refundable deposit of \$200.00 is required to schedule.** Your appointment will not be booked without this deposit. This covers the consultation and will go towards the overall cost of surgery. The cost of surgery can range from \$1000-\$1200. Please note there is a small chance that during the consultation the doctor may decide your dog is not a good candidate for surgery. If this is the case, \$100 will be refunded if the surgery ends up being cancelled at this time due to this reasoning.
- **The owner of the dog must be present for the appointment.** A family member is welcome to be present, but the surgeon will not have a consultation with anyone other than the dog owner.
- **Please show up on time.** Our doctors' time is important to us. You can cancel or reschedule your appointment as long as it is at least 24 hours before your original appointment. Your deposit can be used towards a future appointment or refunded to you.
- If you are a **no show, more than 10 minutes late to check-in, or cancelled within 24 hours** of your appointment, **the \$200.00 deposit will not be refunded.** A non-refundable deposit of \$300.00 will be required for a rescheduled appointment.
- Proof of Distemper and Rabies will be required for the safety of both your dog and the other patients in our care. If your dog is less than 4 months of age, Rabies will not be required. If your dog is not up to date on vaccines, we will administer them at the time of the appointment. The cost for these are as follows:
  - Rabies Vaccine: \$47.03
  - Distemper Vaccine: \$42.13
- By leaving your pet in the care of Pet Central Animal Hospital staff and consenting to move forward with the surgical procedure, you are accepting full financial responsibility for your dog and you accept that **payment is required in full prior to surgery discharge.**
- By signing you understand our policies as explained to you in this document. After signing, please email this document to [frontdesk@petcentralanimalhospital.com](mailto:frontdesk@petcentralanimalhospital.com) and we will call you at our earliest convenience to schedule.

Owners first and last name (print): \_\_\_\_\_

Pets name: \_\_\_\_\_ Owners phone number: \_\_\_\_\_

Owners signature: \_\_\_\_\_ Date: \_\_\_\_\_