

# Saguaro Veterinary Clinic

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## Ear Crop Consultation Agreement

Client Name: \_\_\_\_\_

Last Name

First Name

Spouse Name

Address: \_\_\_\_\_

Street

City

Zip Code

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Spouse Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a new client? YES / NO

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Pet's Name: \_\_\_\_\_ Sex: MALE / FEMALE Spayed/Neutered: YES / NO

D.O.B: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
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I understand that a \$175 consultation fee is required per dog at the time of scheduling an ear crop. If I need to reschedule or cancel the surgery for any reason, I must give a 72-hour written notice, or the consultation fee will become nonrefundable. I also understand that payment is due in full at the time of drop off on the day of the surgery. *I further understand the payment must be in the form of cash or credit card for new clients – checks will not be accepted.*

**Please have your pet to our office the morning of the surgery between 7:00AM – 10:00AM or at the time of your scheduled consultation.**

By signing below, I am acknowledging that I have fully read and understand the terms and conditions set forth above.

Signature: \_\_\_\_\_  
(Handwritten)

Date: \_\_\_\_\_

Please e-mail or fax this agreement to schedule your procedure.