

# Saguaro Veterinary Clinic

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## Ear Crop Deposit 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

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

D.O.B: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

I understand that a \$150 deposit is required per dog at the time of scheduling an ear crop surgery. If I need to reschedule or cancel the surgery for any reason I must give a 72 hour notice with a written notice, or the deposit 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 that *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 surgery between 7:00 AM - 10:30 AM or at the time of your scheduled procedure.**

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 in order to schedule your procedure.