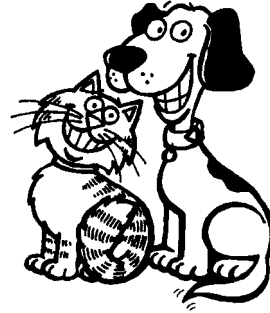


HALE VETERINARY CLINIC

DENTAL AND ORAL SURGERY FOR PETS

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Waiver Regarding “Disarming”

Patient _____ Species _____

Breed _____ Age _____

Owner/Agent _____

I am the owner of the animal described above and have authority to provide consent for surgery.

I have requested that the animal described above undergo a procedure known as “disarming” or crown reduction. This involves the removal of a portion of the crown of some or all of the canine (fang) teeth. The procedure is used to make a potentially aggressive or vicious animal less dangerous by making the canine teeth dull and short.

I understand that animals who have had crown reduction may still be aggressive and vicious and that they may still bite people and other animals. I understand that crown reduction only reduces the severity of the injuries the animal can inflict and does not render a dangerous animal harmless. Every precaution must be taken when dealing with potentially dangerous animals to avoid situations that could lead to an attack.

Dr. Hale has explained the procedure, its effects and limitations, the alternatives (including euthanasia) and has answered my questions. I accept all liability for the described animal’s behavior and actions, including injury to people and animals.

Owner/Agent _____

Witness _____

Date _____