



Grooming Consent Form

Owner(s) Name: _____ Phone: _____

Pet(s) Name: _____ Breed(s): _____

Please Check: Male Female Neutered/Spayed? Yes No Canine Feline

(owner's initials) _____ You are the owner/asset of the above described pet(s) and have authority to execute this consent. You consent to authorize the following procedure(s) and/or medical treatment(s):

(owner's initials) _____ You acknowledge that in order to be groomed at this facility your pet must remain up to date on the required vaccines:

Canines require-rabies, canine distemper and bordetella

Felines require-rabies and feline distemper

Describe how you would like your pet groomed today:

****IMPORTANT****

Are you, anyone else in your family, or anyone who may pick up your pet allergic to fragrances?

No concerns, please use fragrance _____ Asthma, Do **NOT** use fragrance _____

Allergies, Do **NOT** use fragrance _____ No allergies, but Do **NOT** use fragrance _____

If fleas are observed on your pet(s) you understand that a flea treatment will be applied and charges will be added to your invoice. If the groomer feels that your request is not possible due to coat, skin condition or temperament you can authorize the groomer to: (owner's initials)

Use their best judgment _____ Do **NOT** proceed with groom _____

If the use of anesthetics is deemed necessary to proceed with the groom you can authorize the use of anesthetics as deemed advisable by our licensed veterinarian:

Authorize consent _____ Do **NOT** proceed with groom _____

You further agree to be liable for any and all charges incurred during the performance of the foregoing procedure(s). You understand that the bill is due and payable upon discharge. You have been advised as to the nature of the procedure(s). You realize that all results cannot be guaranteed.

You have read all and understand the authorization and consent.

Owner/Agent: _____ Date: _____