



### 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:

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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: \_\_\_\_\_