Grooming Consent Form

Owners’ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mandatory Requirements:

**Free of Fleas and Ticks**: Signing below I agree to pay for flea and tick treatment if found on my pet: $30+ (depends on size of patient)

**Current Vaccinations**: Signing below I understand my pet will stay current on vaccines given from a licensed Veterinarian. This includes a minimum of yearly rabies and kennel cough.

\_\_\_\_\_\_\_\_\_\_\_\_ Yes, please update annual vaccinations while here.

Sedation:

Thank you for allowing us to groom your pet. Most of our patients are agreeable to the grooming process. However, on rare occasions we encounter a patient who will not allow us to safely and effectively groom him or her while awake. In those instances, we need to use sedation or a light anesthetic in order to ensure your pet’s safety and comfort.

Please choose how you would like us to proceed in the rare event that your pet requires sedation or anesthesia:

* YES, please sedate or anesthetize my pet if recommended by the veterinarian. I understand the cost for sedation is in addition to the grooming fee.
  + While I give consent to sedate if necessary, I would still like a phone call to let me know.

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* NO, do not sedate my pet. Please stop the grooming process and notify me at the phone number above as soon as possible.

By signing below, it grants authorization to the Greenwood Veterinary Hospital to perform or update mandatory requirements, stated above, anytime your pet(s) is groomed or bathed.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_