



MARKET LANE ANIMAL HOSPITAL

GROOMING CONSENT

DATE:

CONTACT TELEPHONE: _____

CLIENT NAME:

PET'S NAME:

BREED:

SEX:

INSTRUCTIONS FOR GROOMER:

CONCERNS FOR VET TO CHECK:

- Katia
- Erika

VETERINARY PROCEDURES:

GROOM FEE: \$ _____

VACCINATION: \$ _____

EXAMINATION/RECHECK: \$ _____

HEARTWORM TEST: \$ _____

WELLNESS BLOOD WORK: \$ _____

SEDATION: \$ _____

OTHER: \$ _____

- (a) I, the owner, warrant that this (these) animal (s) have been vaccinated against contagious diseases, including the Bordetella vaccine (against Kennel Cough) within the past 12 months (proof must be provided) INITIAL _____
- (b) I, the owner, recognize that my pet's vaccination status is incomplete but no not wish to update it prior to the requested procedure. Recognizing the risk involved, I instruct the groomer and the veterinarian to proceed and release them from responsibility for any complications resulting from incomplete vaccination status. INITIAL _____
- (c) I, the owner (or agent of owner) consent to have the above procedures performed and agree to pay such fees and charges in full at the time of services rendered or discharge of the animal from the hospital. INITIAL _____

➤ Final price may vary from the estimate on this sheet

I am aware that if my pet is severely matted, hyper or aggressive there is a possibility for him/her to get injuries, clipper or brush burns. Our professional groomer will use all precautions to avoid that. However, I agree to hold neither the groomer, Market Lane Animal Hospital's owner, nor any of its employees liable or responsible for any unpleasant consequences arising from the grooming, should they occur. The attending veterinarian will be informed immediately of the incidence and the owner will be contacted and informed.

Please inform the groomer within 48 hours from the grooming date if you have any concerns or corrections

Signature of owner/agent _____

A \$5.00 LATE PICK UP FEE WILL BE CHARGED FOR EVERY 15 MINUTES AFTER CLOSING