Market Lane Animal Hospital

MARKET LANE ANIMAL HOSPITAL

GROOMING CONSENT

DATE:	CONTACT TELEPHONE:	
CLIENT NAME:	PET'S NAME:	
BREED:	SEX:	
INSTRUCTIONS FOR GROOMER:	CONCERNS FOR VET TO C	HECK:
KatiaErika		
To ensure that your pet's grooming experience is as pleasant as possible and to make sure that we style him/her to your liking please provide the Groomer or staff of Market Lane Animal Hospital complete instructions:		
	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		
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