

## MARKET LANE ANIMAL HOSPITAL

## **GROOMING CONSENT**

DATE:		CONTACT TELEPHONE:					
CLIENT N	NAME:	PET'S NAME:					
BREED:		SEX:					
INSTRUCTIONS FOR GROOMER:		CONCERNS FOR VET TO CHECK:					
0	Katia Erika						
	re that your pet's grooming experience is as pleasant as possib the Groomer or staff of Market Lane Animal Hospital complet		re style him/her to your liking please				
		GROOM FEE:	\$				
		VACCINATION:	\$				
		EXAMINATION/RECHECK:	\$				
		HEARTWORM TEST:	\$				
		WELLNESS BLOOD WORK:	\$				
		SEDATION:	\$				
		OTHER:	\$				
(b)	<ul> <li>(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</li></ul>						
	Final price may vary from	the estimate on this sheet					
burns. O Animal H	are that if my pet is severely matted, hyper or aggressive there our professional groomer will use all precautions to avoid that. Hospital's owner, nor any of its employees liable or responsible hey occur. The attending veterinarian will be informed immed d.	However, I agree to hold ne for any unpleasant consecutions	either the groomer, Market Lane quences arising from the grooming,				
Pl	ease inform the groomer within 48 hours from the groo	oming date if you have a	ny concerns or corrections				
	By law, if you reside in the City of Vaughan/Richmond Hill,	we will need to verify your	pet's license with the City				
Signatu	ure of owner/agent						

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