



GROOMING CONSENT

Owner's Name: _____ Pet's Name: _____ Date: _____

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent and authorize the Countryside Veterinary Hospital, its owners, veterinarians, personnel and agents to groom, care for and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites, and infectious viruses.

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape or illness with the understanding that the undersigned will remain full responsible for the cost of all services provided by the Countryside Veterinary Hospital and its authorized agents and professionals.

Emergency Phone Number: _____

Is Your Pet On Any Medication (Please List)?: _____

Is Your Pet Diabetic (If so, was insulin given and when)?: _____

Please List Any Known Allergies or Medical Conditions?: _____

Grooming Services Requested (Please Check):

- | | |
|---|--|
| <input type="checkbox"/> Full Grooming | <input type="checkbox"/> Medicated Shampoo |
| <input type="checkbox"/> Bath Only | <input type="checkbox"/> Flea/Tick Bath |
| <input type="checkbox"/> Special Instructions (ex. trim, length, no trim, face etc.): _____ | |

Circle Additional Authorized Work (Please Check):

- | | |
|--|---|
| <input type="checkbox"/> Annual Physical Exam and vaccinations | <input type="checkbox"/> Heartworm |
| <input type="checkbox"/> Examination by Doctor | <input type="checkbox"/> Bordetella Booster |
| <input type="checkbox"/> Technician Visit | <input type="checkbox"/> Fecal Analysis |
| <input type="checkbox"/> Re-exam for _____ | <input type="checkbox"/> Nail Trim |
| <input type="checkbox"/> Any Additional Work Not Listed Above? _____ | |

ESTIMATION OF TODAY'S FEES (Below is an estimate only and is not the final bill)

Professional Grooming	\$ _____
Other professional charges	\$ _____
Products and/or medication	\$ _____
Total estimated fee	\$ _____

PAYMENT IS EXPECTED AT TIME OF DISCHARGE

Signature of Owner / Agent

Phone Number