Client: _____ **Pet 1:** _____ **Breed:** _____

Date: _____ **Pet 2:** _____ **Breed:** _____

Grooming Consent Form

CERTIFICATION, AUTHORIZATION & PAYMENT

I am the owner or authorized agent of the pet listed above and have the authority to give consent.

I certify the following (please initial one):

_____**I am 18 years of age or older.**

_____**I am NOT 18 years of age or older.**

I accept full financial responsibility for all grooming services and agree to pay by cash, card, or check at pickup. I understand my pet's final appearance may differ from my expectations.

_____ **I understand and agree.**

EMERGENCIES

If my pet suffers a respiratory or cardiac arrest, I authorize the following resuscitative measures:

_____ **I DO wish for my pet to resuscitated in the event of cardiac or respiratory arrest.**

_____ **I DO NOT wish for my pet to resuscitated in the event of cardiac or respiratory arrest.**

MATTED COAT POLICY

As a veterinary hospital, your pet's health, comfort, and safety come first. Matted pets may need to be shaved to avoid pain, which can increase the risk of clipper burn or minor cuts. If fleas are found, a flea bath and one-time treatment will be given at my cost. I'm responsible for ongoing prevention. Final appearance may vary from expectations.

_____ **I understand and accept.**

HEALTH & SAFETY

I understand grooming can be stressful for some pets, and I will let the groomer know if my pet has any heart or stress-related issues beforehand. Anti-anxiety medication or sedation may be needed. Grooming may be stopped if health or safety is at risk, and I agree to pay for services completed.

_____ **I understand and accept.**

VACCINATION POLICY

As a veterinary hospital, all pets must be up to date on required vaccines before grooming.

Dogs: Rabies, Distemper/Parvo, Flu, Kennel Cough, Fecal

Cats: Rabies

New clients or new pets must have an Establishing Exam with our doctor, even if current elsewhere.

A Veterinary Assistant fee applies if 2+ non-doctor services are performed during grooming.

Primary Phone Number: _____ **Secondary Phone Number:** _____

Signature of Owner or Authorized Agent: _____

Crescent Hill Animal Hospital
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