



PRESIDENTIAL VETERINARY CENTER

PET GROOMING INFORMED CONSENT FORM - FEES ARE REQUIRED TO BE PAID UPON ADMISSION

Owner's name: _____ Phone: _____ Email: _____

Patient's name: _____ Species: _____ Breed: _____

Chip/Tattoo/Tag: _____ Age/DOB: _____ Sex: F M N S Date: ___/___/___ Time: ___:___

MY PET (X if yes):

___ Is aggressive and I authorize the following restrain procedures to be applied: ___ Muzzle. ___ Sedation. ___ Bag (cats only). ___ Stretch technique (cats only).

___ Has a pre-existing condition: _____

___ Is allergic to: _____

___ Had a previous surgery for _____

INITIAL AND EXPLAIN - IF REQUIRED:

___ I acknowledge that _____ examined my pet at the time of admission and found the following issues: _____

___ I acknowledge that if my pet is found to be infected with fleas/ticks/lice/mites/fly larvae an ectoparasiticide dip for an extra cost of **\$15.00** will be applied.

___ I acknowledge that my pet is current on the core vaccines recommended for the species - rabies vaccination certificate required; if not, I authorize the veterinarian to give those vaccines to my pet upon admission for grooming, and I will pay for the vaccines.

___ I authorize the following procedures to be performed on my pet: _____

I AGREE THAT I WILL NOT HOLD THE GROOMER OR OTHER STAFF AT PVC LIABLE FOR ANY DAMAGE SUSTAINED BY MY PET IN CONNECTION WITH THE GROOMING PROCESS. PVC STAFF SAFETY COMES FIRST. UNVACCINATED ANIMALS WILL NOT BE GROOMED UNDER ANY CIRCUMSTANCE. I DISCUSSED ANY QUESTION OR CONCERN THAT I HAD WITH MY GROOMER AT THE TIME OF ADMISSION. OWNER INFORMATION IS STRICTLY CONFIDENTIAL. I ACKNOWLEDGE THAT THE GROOMER AND OTHER STAFF ARE ACTING IN GOOD FAITH. I GRANT MY FULL CONSENT FOR THIS PROCEDURE. I AGREE TO PAY IN FULL FOR THE SERVICES RENDERED.

Core vaccines-dog: RABIES, DISTEMPER, PARVOVIRUS, PARAINFLUENZA, ADENOVIRUS, BORDETELLA BRONCHISEPTICA.

Core vaccines-cat: RABIES, PANLEUKOPENIA, LEUKEMIA, HERPESVIRUS, CALICIVIRUS.

OWNER SIGNATURE: _____ **DATE:** ___/___/___