

**Animal Medical Hospital At Glenwood
Grooming Consent Form**

Date: _____ **Client name:** _____
Pet name: _____ **Breed:** _____
Species: _____ **Sex:** _____

Current Vet: _____

Check all that apply: *Skin Allergies* () *Dry Skin* () *Arthritis* () *Sensitive Skin* () *Ticks / Fleas* ()

*If fleas are found on your pet, he/she will be treated with Capstar to immediately kill all fleas. A fee of **\$5.00** per 25 LBS will be added.*

List any medications your pet is on: _____

A physical exam is performed on all pets that require sedation for a groom. If your pet has been examined by our doctors in the last year the exam fee will be waived. The fee for feline grooming sedation is \$25. Reversal for cats is approximately \$25.00. The cost of sedation and reversal for dogs is based on the weight of the dog, however the average range is \$45-\$75.

Does your pet require sedation: Yes () No () **If yes has your pet been fed today:** Yes () No ()

GROOMING SERVICES REQUESTED

Would you like the grooming special: Yes () No ()

If this your first visit with our groomer or you require changes to your pets normal groom please indicate below:

VETERINARY SERVICES

If your pet requires any veterinary services please list: _____

Client Initials _____

AUTHORIZATION FOR SERVICE

As the owner and/or representative of the owner, having authority to execute consent, I give the doctors and staff of the Animal Medical Hospital at Glenwood, Inc. my consent to perform all of the services listed on this form. I agree to hold them harmless from and against any and all liability arising out of the performance of these services. I understand that financial payment for said service(s) are due when services are rendered.

If you cannot be reached, would like the grooming to be completed as needed to provide the best results. Yes () No ()

Signature of Authorized Person: _____ **Date:** _____

Printed Name: _____ **Best Contact Number:** _____