

Grooming Consent Form

Pet's Name _____ Date _____

Owner's Name _____

Breed _____

Thank you for allowing us to bathe and/or shave and groom your pet. Most of our patients are agreeable to the grooming process. However, on RARE occasions (less than 1-2% of the time) we encounter a patient who will not allow us to safely and effectively groom him or her while awake. In those instances we need to use sedation or anesthetic in order to ensure your pet's safety and comfort.

NOTE: As allowed by federal law, patients who have not been examined by one of our veterinarians within the last 12 months will need to have a Comprehensive Medical Examination before we can prescribe a sedative for or use anesthesia on your pet. The exam fee is \$30.00.

Please choose how you would like us to proceed in the rare event that your pet requires sedation or anesthesia:

YES, please sedate or anesthetize my pet if recommended by the veterinarian. I understand the cost for the sedative or anesthesia is \$_____. I understand this cost does not include the \$30.00 exam fee (if necessary) or the grooming cost.

NO, do not sedate my pet. Please stop the grooming process and notify me at the number below as soon as possible.

NOTE: Amite Veterinary Services is dedicated to providing a flea free environment. If fleas are found on your pet we will administer Capstar or Comfortis flea treatment. The charge for this treatment varies between \$10-20 depending on the pet's weight.

I understand that during the performance of the procedure(s), unforeseen conditions may arise which necessitate a variance in the procedure(s) set forth above. I expect Amite Veterinary Services, LLC to use reasonable care and judgment in performing the procedure(s). The procedure and risks involved have been explained to me and I realize that results cannot be guaranteed. I am aware that in the case my pet is determined by the veterinarian to need additional after-hours veterinary care, I will be responsible for the hospitalization charges or transferring him/her to an after-hours hospital, as necessary. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation for all reasonable costs incurred regarding my pet's treatment. Initial_____

Amite Veterinary Services, LLC

SICKNESS

If your animal is found sick or in need of medical attention, I would like Ooh-la-la to:

_____ Call me first, to inform me of the situation at hand, and to receive instructions on how I would like to proceed.

_____ Allow Amite Veterinary Services to examine my pet and follow up as needed. I acknowledge this may incur in additional charges.

_____ Stop the procedure and inform my current veterinarian of the situation.
Veterinarian's name and number: _____

VACCINATION STATUS

All admitted animals must be current on their vaccinations. The bordetella (kennel cough) vaccine is also required for dogs. If a dog has not had this vaccine within the last year it will be given at the owner's expense.

_____ My pet is up to date on vaccinations.

_____ My pet has received the required vaccinations at another location.
Veterinarian's name and phone number: _____

Signature of Owner/Agent

Today's phone number