



## Pet Grooming Consent

**Thank you for choosing The Family Pet Hospital for your pet's grooming needs. The Hospital prides itself on providing the best care for your best friend.**

### Client/Patient Information

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_

Briefly describe what type of grooming services your pet needs:

### Terms of Service

***Please read, agree and initial to our terms of service***

*If your pet has any medical problems (seizures, arthritis, allergies etc.) please make us aware of them so that we can take the necessary steps to ensure your pet's comfort. Sometimes grooming can expose a preexisting condition that we may require us to provide veterinary attention.*

Describe, if any, problems or conditions that our grooming services should be aware of:

Client Initials: \_\_\_\_\_ If none, that you are aware of, check here

*If your pet has evidence of fleas, The Family Pet Hospital Grooming Services will be required to administer your pet a flea bath. We will attempt to notify you in the event this occurs. The charge for this service is \$25.00. The cost includes shampoo, time and cleaning necessary to ensure that no fleas are active in the salon. We may recommend the pet receives a capstar and flea treatment depending on how recent and type of treatment they have received. No holistic medications will be accepted for grooming until we receive authorization to treat the pet if they get fleas, and that there is an understanding our facility is not to be held responsible for the pet getting fleas.*

*If your pet's coat is extremely matted, it may need to be shaved down. We will only shave your pet with your consent. A matted coat prevents air from reaching your pet's skin and may cause your pet to bite or scratch itself, resulting in irritated skin that does not properly heal. Shaving uncovers these conditions as well as any other skin problems that may have developed from lack of grooming. Please note that it is difficult to shave down a matted pet without slightly irritating the skin. There will be an additional charge for this service because of the time and additional blades needed. It is our intent to have the conversation with you regarding any matting issues when you arrive for your grooming appointment.*

*The Family Pet Hospital reserves the right to refuse service to customers whose pets may pose a threat to our staff or other pets in our care. This includes aggression, health and external and or internal parasite issues.*

***Proof of the following is required to be up-to-date by a veterinarian prior to your pet's grooming appointment, excluding for nail trim-only appointments:***

Dogs: Rabies, DHLPP-CPV (Distemper), and Bordetella (Kennel cough) vaccines

***For nail trim-only appointments, proof of the following is required to be up-to-date by a veterinarian prior to the appointment:***

Dogs: Rabies, and DHLPP-CPV (Distemper) vaccines

Although accidents are very rare, there is a risk when dealing with pets. The Family Pet Hospital will inform you immediately of any incident that occurs or any condition that we notice.

**Cancellations & No-shows:** If you must cancel your appointment, we kindly ask for 24-48 hours notice if possible. We understand that sometimes schedules change, but chronic cancellations or no-shows may result in a cancellation fee being applied and could affect the ability to book future appointments.

**Payment Policy:** Payment is due at time of service.

***By signing below, I indicate that I understand and agree to all terms above and to hold harmless The Family Pet Hospital, its owners and employees from and against any and all liabilities, expenses, damages and costs resulting from any service provided or injury to my pet(s) while in their care or afterward.***

***I further authorize The Family Pet Hospital to attend to my pet's needs as deemed necessary by the veterinarian on staff in the event of an emergency, and agree that any resulting veterinary bills will be my responsibility.***

***Client Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

Thank you for taking the time to fill out this application!