

# MORGAN CITY VETERINARY HOSPITAL

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## GROOMING/BATHING CONSENT FORM

CLIENT'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

I, the undersigned owner or agent of the pet identified above, certify that I am \_\_\_ I am not \_\_\_ 18 years of age or over, I authorize the grooming staff to bathe, groom and dry my pet using clippers and/or scissors and dryers. I understand that while every effort is made to make my pet's grooming safe, comfortable and non stressful. I also understand that some risk exists because of the very nature of handling pets and also due to the possibility of preexisting conditions of the pet's hair coat including but not limited to the following:

1. Excessive movement of the pet during bathing or grooming
2. Severe matting of the hair coat
3. Thin, unhealthy skin
4. Elasticity of their skin
5. Past stressful experiences with clippers, bathing, or scissoring

### The following complications and/or fees may occur during grooming:

1. Clipper irritation to the skin secondary to haircuts that are very close to the skin or clipping excessively matted hair coats.
2. Lacerations of the skin from scissoring and or clipper blades.
3. Irritation to the eyes from inadvertent exposure to soap.
4. An additional fee will be added to normal grooming fees if hair coat is matted.
5. Please be aware that any animals entering the clinic with fleas may be given a Capstar tablet, which will kill fleas for 24 hours. Fee will be added to final bill.
6. An additional fee of will be added if the Doctor has to express anal sacs with a groom.

I therefore will not hold the doctors, staff, or groomer responsible for any of the above mentioned events.

OWNER/AGENT \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_

