



### Grooming Consent Form

Date \_\_\_\_\_  
Owner's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_

Thank you allowing us to bathe and/or shave and groom your pet. Most of our patients are agreeable to the grooming process. However, on some occasions 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. However, many conditions, including disorders of the liver, kidneys or blood are not detected unless blood testing is performed. Such tests can be particularly important in assessing the health of senior pets (generally pets > 6 years of age) before sedation. All patients are required to be up-to-date on vaccines and fecal exam.

Yes, I want my pet to have a pre-anesthesia blood screen.

No, I do not want my pet to have a pre-anesthesia blood screen.

Yes, please sedate or anesthetize my pet if recommended by the veterinarian. I understand there is an extra fee for this service.

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

I am owner (or agent for the owner) of the above named pet and have the authority to execute this consent. I authorize the use of appropriate anesthetics, and other medications, and I understand that hospital support personnel will be employed as deemed necessary by the veterinarian.

I have been advised as to the nature of the procedures above and the risks involved. I realize the results cannot be guaranteed.

I have read and understand this consent form.

\_\_\_\_\_  
Signature of owner/agent

\_\_\_\_\_  
date

\_\_\_\_\_  
Contact number