

Grooming Consent Form

Client Name: _____ Pet Name: _____

(please initial the following)

I understand that if evidence of fleas is found on my pet, he/she will be treated for fleas and I will be charged for that treatment.

I understand that in order to get groomed all pets must be current on the following vaccines:

Dogs: DHPP, Rabies, and Bordetella

Cats: FVRCP and Rabies

If my pet is not current on these vaccines I understand that he/she will be examined by the veterinarian and given the necessary vaccines (regular fees apply).

Please write detailed instructions for the groomer: _____

Coat Condition: I understand that my pet's safety and comfort is a priority at PVC. If my pet's coat is matted, I understand that the groomer may have to shave the mats out rather than perform a painful de-matting procedure. I understand that if my pet is severely matted there is an increased risk for clipper burn or cuts to occur, even with the most experienced and careful groomer. I understand that all attempts will be made to avoid and prevent this; however, in some matting conditions it may be unavoidable. I also understand that matted pets take additional time to groom so there will be additional fees added to the regular grooming price.

Communication: I understand that pet grooming is a very subjective art form and that it is my responsibility to ensure that I communicate with the groomer and staff exactly how I would like my pet groomed. I understand that overly vague instructions (ex: "just clean him up" or "just a trim") may result in something different than I had in mind. I understand that I may be given a price range and the final price will be determined by how much time is needed to properly clean and groom my pet. I understand that PVC and the groomer are providing a service and expending time and money grooming my pet and I will be fully responsible for the cost of the groom in all cases; although every attempt will be made to ensure client satisfaction.

By signing this form, I acknowledge that I am the owner or authorized representative that can make medical decision for the above said pet.

Signature of owner or authorizing agent: _____ Date: _____

Print Name: _____

Phone number: _____