



Patient Grooming Form

Pet Name: _____ **Arrival Date:** _____

Owner Name: _____ **Phone:** _____

Preferred method of contact: Call / Text

List any present injuries or medical conditions: _____

Yes / No My pet has a history of aggression towards people (explain): _____

Services Requested (circle all that apply):

Bath Package - includes nail trim & ear cleaning (\$33.49 – \$66.49 based on size)	Nail Trim (\$21.99)
De-shed Shampoo (\$26.99)	Nail Dremel (\$31.49)
Anal gland expression (\$25.99)	Add on Dremel to Nail Trim (\$15)
Sanitary trim (\$31.99)	Brush out (\$24 per 15 mins)
Ear cleaning (\$22.99)	

Agreement:

I state that I am 18 years or older and have the authority to make decisions regarding this pet. I understand that all pets must be vaccinated, and any recent communicable illness should be disclosed prior to my pet's appointment. I grant East Riverside Veterinary Hospital permission to post my pet's picture and other information on social media. I fully intend to pick up my dog on the scheduled pick-up date.

Even though our staff uses extreme caution in all situations, grooming equipment is sharp and there is potential for accidents, including cuts, nicks, and scrapes. By signing this form, I confirm that I understand the risk of accidental injury to my pet. Grooming can expose or aggravate existing skin problems and other medical issues. Shaving or de-matting a severely matted coat holds the risk of nicks or abrasions to the skin. By signing below, I acknowledge the risks assumed with these procedures. I acknowledge that if fleas are found on my pet, the hospital will administer an appropriate flea product at my expense (please let us know if you have a preferred product).

I understand that during the services that I have authorized, unforeseen conditions may arise. I acknowledge that I understand that there are no guarantees, expressed or implied, that the procedures and/or services authorized will be without complications for unexpected events beyond East Riverside Veterinary Hospital's control. I am financially responsible for services rendered due at the time of discharge. I have also been given a price quote if requested.

Yes / No If sedation is needed to perform or complete services, does the staff have your permission to sedate your pet?

Yes / No In the event of an emergency and East Riverside Veterinary Hospital cannot reach me, I give my consent to make any life-saving decisions required for my pet.

X _____ Date: _____