

Owner Consent for Grooming/Treatment

Client's Name: _____ Chart: _____ Pet's Name: _____

NOTE:

Please consult the front desk to obtain a current price estimate for the desired grooming procedure. At the time of check-in, an estimate will be presented with the prospective total and you will be asked to sign that copy. This copy is a reference to the contents of the estimate agreement. Please feel free to sign the second page and bring it with you to your appointment.

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** ____ **I am not** ____ (check one) eighteen years of age or over and authorize the groomer(s) at **Rea Road Animal Hospital** to perform the above procedure(s). My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- Sufficient details of the procedures to understand what will be performed
- The estimate of the fees for all services

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree provide payment via cash, credit card, or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ **does not have** _____ (check one) my permission to provide such treatment and I agree to pay for such services and understand that those fees are not included in my estimate.

I understand that during the performance of medical, surgical, or anesthetic procedures, unforeseen conditions may be revealed that necessitate more extensive, costly, or different procedures than originally planned. If staff at this veterinary practice are unable to reach me, I hereby consent to and authorize the performance of such procedures as are necessary and desirable in the professional judgment of the attending veterinarian, provided that the cost of additional procedures will not increase the total fee by more than 25% of that provided in the estimate for these procedures.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Signature of Parent or Legal Guardian
(if owner or agent is less than 18 years of age)

Date

I can be reached at the following numbers: _____
(Home) (Cell) (Business)

I prefer to receive Text Messages: Yes _____ No _____

Rea Road Animal Hospital
8100 Williams Pond Lane
Charlotte, NC 28277
704-544-6313

Pet Name: _____

Grooming Policy

1. All dogs must be current on their vaccinations for Rabies, Bordetella, and Distemper/Parvo combination.
2. Pets will be checked for external parasites and treated, if needed, before admittance. This is to protect all animals from picking up fleas/ticks while here. The fee for treatment, if needed is \$16.00-\$21.00.
3. Pets will only be discharged during office hours. All charges must be paid in full at that time.
4. If my pet should injure itself, refuse food, become ill, or die while in our care, I will hold Rea Road Animal Hospital and its staff free of responsibility in the absence of gross negligence.
5. Grooming services will be performed on dogs that do not require any type of sedation. If your pet becomes fearful while here for grooming services, we will immediately contact you.

Full Service Grooming Instructions & Pricing:

| | | |
|---------------------|---------|----------------------------------|
| Small/Medium Canine | \$60.00 | Based upon breed and cut desired |
| Medium/Large Canine | \$68.00 | Based upon breed and cut desired |

** Full Service Grooming Includes: Bath, Drying, Nail Trim, Ear Cleaning, Anal Gland Expression, Brush Out and Breed Specific Cut**

Please sign below if you accept the above conditions

Signature _____ date _____
<animal-folder>

****Please answer the following questions and provide all information as requested so that we may ensure your pet is properly cared for during his/her stay with us.**

Breed: _____ Size: _____

Special Grooming Instructions, if any: _____

Additional Requested Services: **Prices are based upon current pricing list of Rea Road Animal Hospital**

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Grooming Policy

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Please keep this copy of the Grooming Agreement for your records.