

## Grooming Admission & Consent Form

**Dog Grooming Includes:** Brushing, Bathing, Clipping if necessary, Ear Cleaning/Plucking, External Anal Gland Expression & Nail Trimming.

**Cat Grooming Includes:** Brushing, Clipping if necessary, & Nail Trimming. Bathing is not included but may be added.

**Note:** There is an additional charge for difficult or severe de-matting. Additional charges also apply for flea/tick treatments or medicated baths.

Vaccination Requirements	
Dogs	Cats
Rabies; DA2PP (canine distemper/parvo) (1 or 3 year)	Rabies; FVRCP (feline distemper) (1 or 3 year)
Bordetella (kennel cough) within the last six (6) months	Negative fecal exam within the last six (6) months
Negative fecal exam within the last six (6) months	Monthly Flea and Tick Control (e.g., Frontline)
Monthly Flea and Tick Control (e.g., Frontline)	

***Please be as specific as possible when completing this form, especially if your pet has never been groomed at Stamford Veterinary Center before.***

Special Grooming Instructions:

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Would you like an estimate? **Yes / No**

Do you want your pet shaved? **Yes / No**

Do you want your pet to have a short body clip? **Yes / No**

If yes, how short? \_\_\_\_\_

Do you want your pet to have cologne? **Yes/No**      Bandana? **Yes/No**      Ribbons? **Yes/No**

Do you want a "breed specific" cut/style?    Yes/No

If yes, please describe:

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Would you like the groomer to decide on how your pet will look?      **Yes/No**

**Please check the additional grooming services you would like your pet to have**

- Teeth Brushing \$11     Nail Grinding \$11     Medicated Bath \$15     Whitening Shampoo \$6  
 Flea & Tick Treatment \$30     Nail Polishing \$11     Dematting \$15 (per quarter-hour)  
 Furminator Deshedding Treatment (ask Groomer about pricing)

Are there any specific issues your dog has had with prior grooming?

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Any special instructions you would like to advise us about?

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**\*\* IMPORTANT NOTE \*\***

The majority of pets tolerate bathing and grooming without issue. Occasionally, however, a pet may be too aggressive or too anxious to permit grooming without being a danger to itself or the staff. These pets often require sedation in order to be safely groomed.

**CONSENT TO SEDATION:** *I, the undersigned owner or agent of the owner of the pet identified above, certify that I am 18 years of age or over and authorize the veterinarian(s) at this practice to administer sedation or anesthesia to my pet for safe grooming. I understand that some risks always exist with anesthesia and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. I also understand that pre-anesthetic bloodwork may be done prior to sedation or anesthesia. My signature below indicates that any questions I have regarding the following issues have been answered to my satisfaction.*

Signature: \_\_\_\_\_  
{FULLNAME}

Date: \_\_\_\_\_

**Statement of Ownership and Consent**

I hereby authorize the Hospital staff to groom my pet in accordance with my written instructions contained above and/or in accordance with safe and humane standards for grooming. I further authorize the Hospital staff to do whatever is necessary should an emergency situation arise. I am the owner of the above-described animal, or have authorization from the owner to consent to its treatment. I have read and understand all precautions, limitations and exclusions set forth in this form/agreement, and all of my questions have been fully answered and all pricing has been disclosed to me. I hereby accept all financial responsibility for any and all professional services rendered in the best interest of my pet's health. I understand that the doctors and staff of Stamford Veterinary Center will use all reasonable precautions against injury, escape or illness of my pet. However, I understand that the above may occur while caring for my pet and I will not hold Stamford Veterinary Center, its doctors and/or its staff, liable or responsible in any manner whatsoever, as it is understood and acknowledged that I assume all risks.

Signature: \_\_\_\_\_  
{FULLNAME}

Date: \_\_\_\_\_