

Bathing and/or Grooming Consent Form

Client Name: _____ Best number to reach you: _____

Pet Name: _____

******All pets over six months of age are required to be vaccinated for rabies according to state law if its health condition allows. If your pet has not had a rabies vaccine prior to his/her visit, or if proper documentation cannot be provided, the pet must be vaccinated for rabies while here at the owner's expense.**

____ Yes, I can provide proof of my pet's current rabies vaccine.

****Please check the option(s) you would like for your pet:

____ Cat bath (\$25.00) ____ Cat bath with lion cut (\$50.00) ____ Cat lion cut (\$25.00)
____ Dog cut under 25lb (\$25) ____ Dog bath under 25lb (\$25) ____ Dog bath & cut under 25lb (\$40)
____ Dog cut 26-50 lb. (\$30) ____ Dog bath 26-50 lb. (\$30) ____ Dog bath & cut 26-50 lb. (\$48)
____ Dog cut 51-75 lb. (\$35) ____ Dog bath 51-75 lb. (\$35) ____ Dog bath & cut 51-75 lb. (\$56.00)
____ Dog cut over 76 lb. (\$40) ____ Dog bath over 76 lb. (\$40) ____ Dog bath & cut over 76 lb. (\$64)
____ Add on Anal Gland Expression (\$11) ____ Add on Pedicure (\$6)
____ Add on Anal Gland Expression and Nail Trim (\$15) ____ Teeth brushing (\$5 minimum)
____ Medicated bath (additional \$10) ____ Sanitary Clip (\$10) ____ Ear Cleaning (\$6.52)

****Please outline how you would like for your pet to be groomed such as length of coat, how to trim face, ears, legs, etc. Please understand that we do not have a professional groomer on staff, but that we strive to meet your expectations to the best of our abilities. Grooming appointments are worked in between regularly scheduled medical appointments. Unless we call you before, your pet will be ready by the end of the day.

******I understand there is an innate risk with sedation and/or anesthesia. I understand that if my pet poses a danger to himself or to the staff of Mountainview Veterinary that sedation may be needed to complete the grooming process. I understand these risks and authorize Mountainview Veterinary Services to proceed if necessary.**

____ Yes ____ No

****Please indicate if there is anything additional you would like done on your pet while here:

******By signing this form, you authorize the doctor to treat your pet as necessary should he/she be unable to contact you at the number(s) provided.******

Signature: _____ Date: _____

******By signing below, you acknowledge and agree the grooming procedures performed on your pet today are satisfactory and are approved.******

Signature: _____ Date: _____