



ST. FRANCIS
VETERINARY HOSPITAL

Grooming Release Form

Owner's Name: _____ Client ID: _____

Pet's Name: _____ Contact Number for **TODAY:** _____

All animals must be current on required vaccinations before grooming. In addition, we require all pets to be groomed to arrive by 9:00 a.m. unless arrangements are made in advance. This will allow our groomer to stay on schedule. A late fee of **\$10.00** will be charged for all groom clients arriving after 9:00 a.m. Your spot may be filled and you may be asked to reschedule if you are late and have not called our office by 9:30 a. m.

May we sedate/anesthetize your pet if necessary? ☐ Yes ☐ No ☐ Call First

We will try to groom without sedation first.

If sedation is necessary, do you wish to have pre-anesthetic blood work? ☐ Yes ☐ No

Please note any reactions that your pet has had in the past with sedation/anesthesia, clipper burns, or products:

I understand that dematting my pet may or may not be possible depending on the severity of the mats. I also understand that if dematting is not possible, a short clip may be necessary. It is not possible to brush out a coat that is already severely matted due to the stress and pain it will cause your pet. For coats that are able to be dematted additional charges apply. Initial: _____

Please perform the following optional grooming services. I understand that additional charges will be incurred.

- | | | |
|---|--|---|
| <input type="checkbox"/> Teeth Brushing (\$7.00) | <input type="checkbox"/> Remoisturizing (\$6.00) | <input type="checkbox"/> Dematting (\$10/hr) |
| <input type="checkbox"/> Whitening Shampoo (\$7.00) | <input type="checkbox"/> Medicated Bath (request cost) | <input type="checkbox"/> Nail filing (\$5.00) |
| <input type="checkbox"/> Apply Flea Treatment (\$10-\$14) | <input type="checkbox"/> Sedation (request cost) | |

I give St. Francis Veterinary Hospital permission to bathe and groom my animal. I realize that grooming requires the use of scissors and other cutting instruments and that such use may result in injury if the animal being groomed moves suddenly. I will not hold the groomer or St. Francis Veterinary Hospital responsible for any injuries that may be incurred during grooming. Furthermore, if I have given St. Francis Veterinary Hospital permission to sedate my pet, I recognize and accept the risk associated with this procedure and will not hold the hospital responsible for complications that may occur during sedation.

Signature: _____ Date: _____

Thank you for choosing St. Francis Veterinary Hospital for your grooming needs. We hope your pet enjoys his time here and that our services exceed your expectations. If we can do anything to make your experience a better one, please ask to speak to our Office Manager.

Please use the back of this sheet to describe exactly how you want your pet groomed provided conditions allow.