FRIENDSHIP SPRINGS GROOMING

GROOMING CONSENT

Client Name: _____ Patient: _____ Date: _____

I am the owner or the authorized agent of the owner of this pet, I have the authority to execute this consent, and I am over eighteen years of age. I hereby request, consent to and authorize grooming procedures for my pet. I understand that while grooming services are offered on the premises of *Friendship Springs Veterinary Care*, I understand and agree that the grooming business is owned and operated independent of and separate from *Friendship Springs Veterinary Care*; that *Friendship Springs Veterinary Care* has no responsibility or liability for any problems or complaint which arise as a direct result of grooming services; that I will hold *Friendship Springs Veterinary Care* harmless and blameless for any such problems that occur to this pet while being groomed; and that grooming fees to *Friendship Springs Grooming* will be paid and tracked through *Friendship Springs Veterinary Care* who will then reimburse the groomer for those fees. Further, I understand that while *Friendship Springs Grooming* is a separate business from *Friendship Springs Veterinary Care*, I also understand that my pet is in fact on the premises of *Friendship Springs Veterinary Care,* and therefore, except for those policies directly related to and agreements with *Friendship Springs Grooming*, all other policies of and agreements with *Friendship Springs Veterinary Care* are still applicable.

I understand that vaccinations must be up-to-date as defined by with *Friendship Springs Veterinary Care* policy; that proof of such vaccination is required upon admittance to the hospital, boarding, or grooming facilities; and that if such proof is not available or vaccinations are not up-to-date, then such vaccines as needed will be administered immediately by the staff of *Friendship Springs Veterinary Care*.

While I understand *Friendship Springs Grooming* will make every reasonable effort to communicate with me about grooming problems that are apparent before beginning the procedure, I understand that sometimes such problems may not be readily apparent and that sometimes unanticipated conditions may be revealed or unexpected events may occur that necessitate (1) changes in the grooming plan, (2) additional grooming procedures, or (3) different grooming procedures than those originally planned. While I understand *Friendship Springs Grooming* will make every reasonable effort to honor the estimate I was given, I understand that such changes in the grooming plan may necessitate and incur additional fees.

_____ is the fee I have been quoted for the grooming procedure.

In the event of the need for changes in the grooming plan, I wish:

_____ The groomer to proceed as needed without further contact with me.

_____ The groomer to contact me, and if I am not available, then he/she is to proceed as he/she deems necessary and desirable in his/her professional opinion.

_____ The groomer to contact me, and if I am not available, then he/she should not proceed with any procedure that will add further cost to the estimate even if it means that the grooming will be incomplete.

Special Instructions For Groomer

Bathing includes (Bath, Ear Cleaning, Nail Trim) ***Clipping/Haircut includes (Haircut, Bath, Ear Cleaning, Nail Trim)***

____ ***Sanitary Shave*** ____ ***Anal Glands Cleaned*** ____ ***Ear Hair Removal*** ____ ***De-Matting***

Telephone numbers at which I may be reached today: _____ _____

For the reasons noted above, ***we strongly recommend that you make yourself available to be contacted at all times!*** I hereby consent to, request, authorize, and agree to pay for all such procedures performed as noted above. I have read, understand, and agree to all portions of this agreement.

_____ _____ _____

Signature *Print Name* *Date*