



Veterinary Hospital

5078 Williamsport Pike, Suite N
Martinsburg, WV 25404
304-270-1063

Grooming Consent

In order to protect the health of your pet, this facility requires documentation showing that all grooming dogs have current Rabies, DHLPP, and Bordetella vaccines and all grooming cats have current Rabies and FVRCP vaccines. If any of your pet's vaccinations are past due, they must be inoculated before grooming. Vaccines that must be administered at this facility or by a licensed veterinarian working with this facility will be added to your bill. Pets that are so young that they have not completed their entire series of vaccinations may not yet be protected and, thus, owners accept any risks of infection.

VACCINATIONS

Do you want any other tests or vaccines updated today?

- Yes:
- No

Your pet will be examined for fleas. If fleas are found, your pet will be treated. Treatment costs range from **\$21--\$25**. This will be added to your invoice.

Does your pet have any health concerns that you'd like the veterinarian to address today? The exam fee is **\$47.00**. Please notify us if you need an estimate prior to treatment.

Many times during the grooming procedure, the professional groomer will find health concerns with pets. If a problem is found with your pet, would you like them examined today?

- Yes, please examine your pet today.
- Please call for consent if any issues are found

I understand that grooming involves sharp instruments and therefore is innately hazardous. I understand that the groomers and staff at Spring Mills Veterinary Hospital will take every reasonable precaution to protect and prevent injuries to your pet. However, due to unexpected behavior and activities of animals, injuries may occur. I agree to pay for all appropriate treatment of such injuries should they occur. I agree to hold harmless Spring Mills Veterinary Hospital and its groomers, staff and doctors should any injuries occur.

Would you like your pet groomed the same?

- YES
- NO IF REQUESTING DIFFERENT GROOMING, PLEASE DESCRIBE HOW YOU WOULD LIKE YOUR PET GROOMED TODAY:

I will pick up my pet at _____ o'clock
 Please call me when my pet is ready to be picked up

I, the undersigned owner or authorized agent of the owner responsible for seeking veterinary care for the pet identified above, certify that I AM or I AM NOT over **eighteen** years of age.

I agree to make full payment at the time of discharge. I certify that my pet(s) appears to be free of contagious disease.

If the groomer has questions about your pet or there is an emergency, where can you be reached?

Home _____ Cell _____ Work _____

Date:

Signature of Owner or Authorized Agent