

Smith & Shedd Family Pet Hospital Grooming Consent

Client's Name: _____ Pet's Name: _____

Breed: _____ Circle One: Dog Cat

Parasite Policy: Pets admitted to our facility must be free of internal and external parasites including intestinal worms, fleas, ticks, and mites. All pets will be treated with Capstar, an oral flea preventative that is safe to use, even if any other topical flea preventative has been given. If other parasites are discovered, your pet will immediately be quarantined, and you will be contacted for consent of treatment of said parasites. If treatment is declined, you are required to make immediate arrangements to have your pet removed from our facility. Treatment will be administered according to normal standards of veterinary care and these additional charges will be added to your bill, in the event you cannot be contacted within one hour of discovery of these parasites.

Capstar:
\$4.85

Initial: _____

Vaccination Policy: In order to protect the health of your pet, all pets being admitted to Smith & Shedd Family Pet Hospital are required to be current on all vaccinations. It is your responsibility to provide current records of vaccinations. If any of your pets' vaccinations are past due, they must be inoculated before being groomed, and these additional charges 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.

Initial: _____

LIST OF REQUIRED VACCINATIONS:

•**Dogs:** Rabies, Distemper/Parvo/Adenovirus, Leptospirosis, Canine Influenza. Bordetella within six months; intestinal parasite examination within one year.

•**Cats:** Rabies, Distemper, Rhinotracheitis, Calicivirus, Panleukopenia, Leukemia, and an intestinal parasite exam.

Additional Services Requested: (Such as Microchip ID, Rattlesnake Vaccine, Anal Gland Expression, Canine Lymes Disease Vaccine, Heartworm/Lymes Test, Bloodwork, Ultrasound/X-rays to screen for disease, Nail Trim, Ear Cleaning)

Please list specific grooming instructions:

To the fullest extent allowed by law, I hereby agree to release, indemnify, covenant not to sue and hold harmless Smith & Shedd Family Pet Hospital, its veterinarians, staff, and employees, for any and all liability, damages, or causes of actions based upon the performance of grooming on the above referenced pet, including, but not limited to, any claims or causes of actions based on the negligence of this veterinary practice, its veterinarians, staff, or employees. The foregoing release and indemnity is intended to include claims based on whole or in part on the negligence of Smith and Shedd Family Pet Hospital, its veterinarians, staff, and employees. I further understand that certain risks are involved in grooming a pet, including, but not limited to, nicks, cuts and resulting infection, the possibility of the spread of infectious disease, internal and external parasites, fleas, ticks, mites, and I agree to indemnify and hold Smith & Shedd harmless from and against any damages, causes of action or liability arising from my pet's infestation of any of the same while being groomed at Smith and Shedd Family Pet Hospital.

The best phone number(s) to contact me today is: _____

Signature of Owner or Authorized Agent: _____ Date: _____