

Client Name: _____ Patient Name: _____

Vaccination Requirements:

- Canine - Rabies, DHPP, Leptospirosis and Respiratory (Bordetella) and Intestinal Parasite Screen
- Feline - FVRCP, Rabies and Intestinal Parasite Screen

I understand that all pets must be parasite free, and if my pet is found to have fleas, ticks, or intestinal parasites they will be treated at an additional cost.

I understand that if the necessary vaccinations are not current, or no proof of vaccinations is provided, the necessary vaccines/intestinal parasite screen will be done at the time of admission.

Your pet is extremely important to us. Your pet's safety and well-being is our number one priority and want to assure you that every effort will be made to make your pet's visit as pleasant as possible. If your pet has severe tangling or matting of hair, there is an increased risk of injury such as nicks and clipper irritation, and may incur an additional cost. Also, the skin may appear red, itchy and irritated due to the lack of oxygen reaching in and under mats. Additionally, grooming may expose hidden medical problems or aggravate current ones. While we make every effort to avoid such complications, they occasionally do arise as a result of grooming. Please read and check mark the below bullet points:

I understand that any medical problems will be treated as deemed best by the veterinarian on duty. Should the hospital not be able to reach me within a reasonable amount of time in case of medical emergency, I authorize the attending veterinarian to administer the minimum medical treatment required to ensure the health and safety of my pet.

I accept the financial responsibility for treatment and understand that payment is due in full at the time of discharge.

I understand that if my pet does not comply with the grooming process (bathing, drying in a high velocity dryer, brushing, combing, hair clipping with electric powered clippers, scissoring, being caged, and/or feet handling, which includes nail clipping and filing) I will be notified and given the option of either picking up my pet at that time (charges for the grooming time attempted will apply) or I will consent to veterinary monitored sedation at an extra charge.

I understand that the groomer is not expected to tolerate aggression, biting, excessive barking, overall resistance, or any situation where our groomer is uncomfortable, or at risk of an injury. I understand that if my pet needs a muzzle in order to be groomed, there may be an extra charge.

I am aware that my pet must be picked up before Stonebridge Veterinary Hospital closes for the night, or I will be charged a lodging fee for the overnight stay.

It is customary to give gratuity for grooming services; suggested gratuity is 15 – 20%.

Contact Number: _____ Text Call

Alternate Contact Number: _____ Text Call

I grant Stonebridge Veterinary Hospital and its representatives the right to take pictures and/or video of my pet for purposes of continuing education, medical publications, promotional purposes and social media. I agree that Stonebridge Veterinary Hospital may use such photos with or without my pet's name.

Do not use my pet's photos.

Signature: _____ Date: _____

This form is valid for one year from date of signature.

Please contact us if your preferences, contact number or alternate contact number changes