



SOUTH PEAK VETERINARY HOSPITAL, P.C.

CONSENT FOR GROOMING / ANESTHESIA

OWNER'S NAME: _____

DATE: _____

I, the undersigned owner (or owner's agent) of _____, hereby authorize the doctors and staff of South Peak Veterinary Hospital to perform the following procedures listed here which may or may not require the use of anesthesia:

- 1. BATH
- 2. BRUSH OUT
- 3. SHAVE MATTS
- 4. TRIM FUR
- 5. CLEAN EARS
- 6. LION CUT
- 7. PEDICURE
- 8. ANAL GLAND EXPRESSION
- 9. FLEA / TICK PREVENTION APPLICATION

Any special grooming instructions: _____

I am aware that additional charges may apply for any or all of the above services I am authorizing for my pet.

When was the last time your pet ATE? _____

DRANK? _____

Is your pet on medication(s)? Yes No

If so, what are they: _____

Last dose? _____

Should your pet require sedation / anesthesia prior to grooming:

May we perform an in-house blood test? Yes No

I understand that some risks always exist with anesthesia, and I have discussed and am satisfied with the explanations regarding the planned procedure(s) and what they entail, post-operative recovery, potential complications, and follow-up care required. Please initial_____.

I am aware of the fees involved for the service(s) described above, and am aware that a deposit may be required today, with the balance due at the time of my pet's discharge.

Neither South Peak Veterinary Hospital nor its' employees will be held responsible for any lost or damaged items that you choose to leave with your pet.

While I accept that all procedures will be preformed to the best of the abilities of all the staff of South Peak Veterinary Hospital, I understand that no guarantee or warrantee has been made regarding the results that may be achieved.

I have read and fully understand the terms and conditions set forth.

Signature of owner or owner's agent

Date

I can be reached at the following phone numbers today:

First number to call: _____

Second number to call: _____