



Grooming and Bath Consent Form

Owner's Name: _____ Phone # _____

Pet's Name: _____ () Canine () Feline

I am the owner of the above named animal and have the authority to execute this consent for the performance of the following procedure(s):

Bath ___ Shave/Hair Cut _____ Feline Lion Cut ___ Nail Clip ___ Anal Expressed _____

I understand that during the performance of the above-named procedure(s), unforeseen conditions may be revealed that necessitate an examination by a veterinarian. Therefore, I hereby consent to and authorize the performance of such procedure

I also understand that my animal will be required to be up-to date on his/her kennel cough vaccine in order to be groomed/bathed here at Takoma Park Animal Clinic. If he/she is not, we will inoculate your animal with the kennel cough vaccine while he/she is here for grooming/ bath.

I authorize the use of appropriate sedation/anesthesia if needed, and I understand that hospital support personnel/anesthetic monitors will be employed as deemed necessary by the veterinarian.

() I authorize a pre-anesthetic blood panel, required for animals over 5 years who are to be sedated.

() My animal is on an empty stomach (No food for at least eight hours) and has acted normally for the last 24 hours no vomiting/diarrhea/coughing or eating garbage or trash.

() No Sedation is needed or not authorized by owner.

() Please put a HOME AGAIN MICROCHIP in my pet for \$75 which includes the registration.

() Grooming estimate needed \$ _____ Owner's Initials: _____

I have read this authorization and consent. Owner/Agent



Takoma Park Animal Clinic

Signature _____ Witness: _____

Date: _____