

GROOMING CONSENT FORM

Date _____

Owner Name _____

Contact Number: _____

Pet's Name: _____ **Breed** _____ **Age** _____

- Does your pet have any allergies/skin allergies? No ___ Yes ___ Describe: _____
- Does your pet have mobility issues? No ___ Yes ___ Describe: _____
- Does your pet have any ongoing medical conditions: No ___ Yes ___ Describe: _____
- Has your pet shown aversion/dislike of any of the following:
 - ___ Baths ___ Loud Noises (like blow dryers) ___ Being Brushed ___ Being Up On High Surfaces ___ Being In A Cage
 - ___ Nail Trims ___ Anal Gland Expression ___ Other: _____

Grooming Instructions: _____

I understand that for the health and safety of {PATIENT_NAME} and the staff of Harmony Animal Hospital, my pet needs to be up to date on the following vaccinations/tests:

Dogs: Annual Physical (within the past year), Rabies Vaccine, Distemper/Parvo Vaccine, Bordetella Vaccine, Negative Fecal Test (within the past year)

Cats: Annual Physical (within the past year), Rabies Vaccine, FVRCP Vaccine, Negative Fecal Test (within the past year)

If I am unable to provide proof of the above listed tests/vaccines Harmony Animal Hospital reserves the right to update any needed tests/vaccines at the owner's expense.

I verify that my pet has not, to my knowledge, bitten a person within the past 10 days.

Owner's Initials: _____

By my signature below I understand that payment must be rendered in full at the time of service. Accepted methods of payment are cash, Visa/Mastercard/Discover/AmEx. I understand that tips to the groomer will be made in cash only. There will a be a \$35/pet Fee for No-Shows or Same Day Cancellations. We would be happy to provide an estimate for grooming services upon request.

Signature of Owner or Authorized Representative: _____