

GROOMING RELEASE FORM

If your pet is found to have a medical problem, how would you prefer we handle it?

- Please have a veterinarian examine and treat my pet
 Please have the doctor call me and discuss treatment options
 Please notify me of any problems when I pick up my pet

Anesthesia: I agree to inform the groomer prior to grooming if the dog has ever bitten any human or another dog or has any aggressive tendencies whatsoever. Jones Animal Hospital reserves the right to refuse to groom any pet for the health and safety of the staff and pet. A soft muzzle may be used, or services discontinued or refused if determined that a dog presents an unsafe condition. Such conditions include, but are not limited to; behavior issues or health issues.

If the groomer is unable to control my pet adequately due to aggression or hyperactivity, I give permission for my pet to be anesthetized. **Yes** **No** *Please initial* _____

I recognize that if my pet has not been checked by a veterinarian at Jones Animal Hospital within the last 12 months, the pet will have a full examination by a veterinarian prior to the animal being anesthetized and I will be charged a brief examination fee. _____ *Please initial*

Additional options for animals being anesthetized include pre-anesthetic laboratory testing. The screening is not a guarantee against problems with a procedure, but may certainly help identify a potential problem. There is an additional charge. Please ask for an estimate.

- I accept the blood profile** **I decline the blood profile**

Jones Animal Hospital will not be held liable for any after-grooming effects of de-matting, clipping procedures or problems uncovered on a badly matted or otherwise neglected coat including, but not limited to; itchiness, skin redness or self-inflicted irritations /abrasions from excessive external rubbing. I understand that time and costs associated with de-matting are unpredictable and subject to the particular condition of my pet; consequently, I agree to pay whatever fees are incurred as a result of de-matting. Whether the pet is "matted", furthermore, is at the sole discretion of the groomer.

- Groomer check if matted or thick undercoat management necessary** _____ *Please initial*

In the event that emergency treatment is required and I cannot be reached, I authorize Jones Animal Hospital and assistants to perform medical treatment necessary to preserve the life of the patient until I can be contacted for further authorization. I understand that no guarantee of successful treatment is made. I accept financial responsibility for the treatment of the above patient and I understand that payment in full is due upon release of the patient from the facility.

I hereby certify that I have read and fully understand this authorization for anesthesia/ grooming. I hereby release Jones Animal Hospital and assistants from any and all claims, except claims for negligence, arising out of or connected with the performances of its treatment.

Grooming to be done on pet including estimate:

ESTIMATE FOR GROOM: _____ **Initial of Owner or Representative** _____

Signature of Owner (or agent) Name _____ Date _____

Printed name of above _____ Pet's name _____

Where you can be reached today (emergency phone number) _____