



GROOMING CONSENT FORM

Owner's Name: _____

Pet's Name: _____

Phone number: _____

(Check one) I prefer to be **TEXTED** or **CALLED**
at this number when my pet is done.

Email address: _____

I would like the following updated today (please check all that are applicable):

- Rabies (required)
- Distemper
- Bordetella
- Heartworm Test
- Other _____

Please list any known allergies, medical conditions, or medications your pet is on:

Basic Grooming Package Includes:

- ✓ 1. Basic shampoo bath
- ✓ 2. Blow dry
- ✓ 3. Nail trimming
- ✓ 4. Ear cleaning
- ✓ 5. 15 minutes of brushing*
(*If matting is present requiring extra brushing cost is \$15 per 15 minutes.)
- ✓ 6. Haircut (if needed)
- ✓ 7. Anal gland expression: external by groomer
(if requested) _____

(Price Varies depending on breed, size, coat condition, and matting)

(Please see backside for important information and other services)

DATE: _____

CLIENT NUMBER: _____

WORK FILE: _____

CHECKED IN BY: _____

DISCOUNT: _____

TOTAL: \$ _____

ENTERED: _____

GROOMER: _____

The undersigned hereby warrants that he or she is the owner or authorized agent for the owner of the above animal and does hereby request, consent, and authorize Sioux Nation Pet Clinic, its owners, veterinarians, personnel, and agents to groom, care for, and treat said animal. The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to **pay the customary charges** for such treatments. **This includes, but is not limited to: fleas, ticks, parasites, and infectious viruses. All animals admitted must be current on rabies vaccinations.** The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain full responsible for the cost of all services provided by Sioux Nation Pet Clinic and its authorized agents and professionals.

If your pet shows any signs of matting, your pet may need to be shaved or trimmed down closely. We are not responsible for any symptoms such as skin irritation, razor burn, small nicks, if your pet flinches, etc., appear after being shaved.

We can/will take photos and/or videos for reasons including but not limited to, education, advertisement, and social media.

Signature of Owner /Agent:

Additional Services:

*Services listed below are EXTRA; cost is in addition to basic grooming price.

- o Spa Pack: \$19.75 (You SAVE \$7.75)
Includes: Upgraded shampoo, conditioner, nail grinding, and teeth brushing
- o De-shed: \$15 per 15 minutes. _____ (can choose amount of time)
- o Nail grinding: \$7.00
- o Teeth brushing: \$8.50
- o Deep coat conditioner: \$6.00
- o Upgraded shampoo: \$6.00
- o Medicated shampoo: \$7.00
- o Nail polish: \$8.00 - two paws
\$15.00 - four paws
- o Creative grooming color (temporary, semi-permanent, or permanent): Price Varies
- o Feather extensions: \$5.00 - one ear
\$10.00 - two ears
- o Bandana/Bow: colors vary \$1.50
- o Anal gland expression: internal by vet \$17.00 _____

I understand that my pet needs to be sedated for grooming. I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand the hospital support personnel will be used as deemed necessary by the veterinarian.

Signature of Owner /Agent: _____

PAYMENT IS REQUIRED AT TIME OF DISCHARGE

(OFFICE USE) SEDATION: DOCTOR:

WEIGHT: _____

DOM: _____

TORB: _____

TECH LOGGED: _____