

Bathing and/or Grooming Consent Form

Client Name: _____ Best number to reach you: _____

Pet Name: _____

******All pets over six months of age are required to be vaccinated for rabies according to state law if its health condition allows. If your pet has not had a rabies vaccine prior to his/her visit, or if proper documentation cannot be provided, the pet must be vaccinated for rabies while here at the owner's expense.**

___ Yes, I have proof of my pet's current rabies vaccine.

___ No, I do not have proof and/or my pet is due for a rabies vaccine, please update while here.

******Please check the option(s) you would like for your pet:**

___ Cat bath (\$25.00) ___ Cat bath with lion cut (\$50.00)

___ Dog bath under 25lb (\$25.00) ___ Dog cut under 25lb (\$25.00) ___ Dog bath & cut under 25lb (\$40.00)

___ Dog bath 26-50 (\$30.00) ___ Dog cut 26-50 lb. (\$30.00) ___ Dog bath and cut 26-50lb. (\$48.00)

___ Dog bath 51-75lb.(\$35.00) ___ Dog cut 51-75 lb. (\$35.00) ___ Dog bath and cut 50-75lb. (\$56.00)

___ Dog bath > 75lb.(\$40.00) ___ Dog cut > 75 lb. and over (\$40.00) ___ Dog bath and cut > 75 (\$64.00)

___ Add on Anal Gland Expression (\$11.00) ___ Add on Nail Trim (\$6.00)

___ Add on Anal Gland Expression and Nail Trim (\$15.00)

___ Medicated bath (additional \$10.00)

******Please outline how you would like for your pet to be groomed such as length of coat, how to trim face, ears, legs, etc. Please understand that we do not have a professional groomer on staff, but that we strive to meet your expectations to the best of our abilities.**

******I understand there is an innate risk with sedation and/or anesthesia. I understand that if my pet poses a danger to himself or to the staff of Mountainview Veterinary that sedation may be needed to complete the grooming process. I understand these risks and authorize Mountainview Veterinary Services to proceed if necessary. _____ Yes _____ No**

******Please indicate if there is anything additional you would like done on your pet while here:**

******By signing this form, you authorize the doctor to treat your pet as necessary should he/she be unable to contact you at the number(s) provided.******

I have read and understand the above and will pick my pet up at: _____

Signature: _____ Date: _____