



## Grooming Release Form

Owner: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Is your pet being treated for any medical conditions at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

I understand that my pet is matted and will require shaving. Please initial: \_\_\_\_\_

If sedation is needed, please initial both points below:

- If your pet has been sedated/anesthetized in the past, did they have any reactions to the medication?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:
- I give Parkside Animal Hospital permission to sedate my pet if needed. I recognize and accept the risks involved with sedation and will not hold the hospital responsible for complications that may occur during sedation. Please initial: \_\_\_\_\_

All animals must be current on required vaccinations before grooming. A vaccination exam will be charged for any animal requiring Rabies or Distemper/Parvovirus vaccines.

I give Parkside Animal Hospital permission to bathe and groom my animal. I realize that grooming requires the use of scissors and other cutting instruments and that such use may result in injury if the animal being groomed moves suddenly. I will not hold the groomer or Parkside Animal Hospital responsible for any injuries that occur during grooming.

Signature: \_\_\_\_\_

Thank you for choosing Parkside Animal Hospital! We hope that your pet enjoys its time here and that our service exceeds your expectations. If we can do anything to make your experience a better one, please ask to speak to a Doctor.