



GREENE
ANIMAL HOSPITAL
Big and small we care for them all.

GAH Grooming Consent Form

Owner _____ Date _____

Phone Number _____

Pet's Name _____

Please provide a brief description of the type of cut you want your pet to have: _____

Occasionally a pet may need to be sedated before s/he can be groomed. Do you authorize sedation if needed? Yes No Call first

Admission Policy

All animals admitted to the hospital must be current on all required vaccinations and free of external parasites, i.e. fleas and ticks. I hereby give permission to the doctors and staff of GAH to update my pet's vaccinations if necessary and to treat any external parasitism noted. I understand that I will be financially responsible for these services. GAH also reserves the right to assess an aggressive animal fee if my pet poses a safety risk to the staff.

We will make every effort to provide you with an accurate estimate at the time your pet is dropped off for grooming. However, once the grooming process begins, it may be necessary to adjust the price. If the groomer feels that she has to adjust the estimate more than \$10.00 above the quoted price, we will make every effort to contact you before finishing the groom.

***I understand that all fees are due at the time that services are rendered. In the event of default or failure to pay, I, the undersigned, agree to pay all attorney's fees and the collection cost of said debt.

Owner/agent's signature _____ Date _____