



Owner's Name: _____

Pet's Name: _____

Owner's Phone #: _____

Today's Date: _____

Grooming Consent Form

Please list the type of **haircut** you would like for your pet. Please be detailed about what you want for your pet, but understand that the cut you want may not be possible for various reasons, such as the length/texture of hair and your pet's disposition. If you are unsure of what you want, our groomer can help you decide.

Please list any pre-existing **medical conditions** or **allergies**:

My pet does not have any **undisclosed medical conditions** and is not showing signs of illness today.

Please list the **brand** and **date** of your pet's last **flea/tick prevention**:

If my pet is found to have **fleas/ticks**, he/she **will be treated** at a cost of **\$25-\$30**. If the infestation is severe additional charges may apply.

Please list date of last **vaccinations** and the veterinary clinic that performed them:

I understand that if I do not provide **accurate** proof that my pet has been vaccinated (RV, DAPPv and Bordetella for dogs, RV and FeLV+HCPCCh for cats) then my pet **will be vaccinated** before entering the grooming salon at a cost of **\$90**. Information must include the veterinary hospital's name, my pet's name and my name / the owner's name as it appears in the chart. QCAH will not be held responsible if I provide incorrect or outdated information about my pet's history.

I would like for my pet to receive **Zylkene**, a stress-reducing supplement. I will be charged an additional **\$2.50**.

I understand that the **safety** of both patients and staff is of primary concern. If my pet is aggressive and cannot be safely restrained, we will require sedation or anesthesia to proceed with grooming. QCAH will attempt to contact me if this happens. **If I cannot be contacted, grooming will be postponed.**

I understand that sometimes **matting** can be severe enough that the only remedy is to shave the fur completely and let it grow back. I give consent for the groomers at QCAH to do this if necessary, for my pet's health and comfort. I understand that this may result in a different hair cut than I desired.

I give permission for QCAH to use **before/after photos** of my pet in advertising, social media, and/or their website. My personal information will **never** be shared.

I give permission for the veterinarians at QCAH to **examine** my pet at a cost of **\$40** if the groomer finds any concerning symptoms today. I will be contacted before any treatments are administered.

I understand that if I am dissatisfied with my pet's haircut or overall grooming that **I must notify the groomer before taking my pet home** so that adjustments can be made. If I do not let the groomer know about any problems at the time services are rendered, QCAH will not be responsible.

Does your pet need any additional **medical** services during their stay? Please list them below. There will be additional charges for additional services provided. _____

The groomer will attempt to call me as soon as my pet's services are complete. **If I arrive to pick up my pet before being called, my pet may not be completely groomed.**

I understand that **QCAH closes at 5 PM**. Even if I have not been called, **I must pick up my pet by 5 PM**.

I understand that **if I do not pick up my pet by 5 PM** I will be charged an after-hours pick-up fee of **\$20** or my pet may be kept in the boarding facility overnight at a charge of **\$30**. If I do not pick up my pet and QCAH is not able to contact me within **48 hours**, I may be reported to Animal Control for abandonment and prosecuted.

I understand that all estimates are **approximate** and may change based on the severity of my pet's condition and my pet's disposition.

I understand that I am responsible for paying **all charges** at the time services are rendered.

I give permission for QCAH to treat my pet during an **emergency**.

I DO NOT give permission for QCAH to treat my pet during an **emergency**.

We will attempt to contact you before starting treatment in the event of an emergency. If you cannot be reached, please indicate the **maximum** amount you give permission to spend for your pet: _____

Please also list an **emergency contact** in the event that you cannot be reached:

Emergency Contact: _____ **Phone Number(s):** _____

By signing below, I certify that I have read and understood everything on this form.

Owner/Agent Signature: _____ **Date:** _____

QCAH Employee Initials: _____