

Name of Pet _____

Breed _____

Date of Birth _____

Last Grooming Visit: _____



Consent Form for Grooming Care

*All animals coming into Mountain View Veterinary Hospital, will need to be up to date on core vaccines. For dogs, this means the DHLPP (or DHPP), Rabies vaccine and Bordetella given in the last 12 months. For cats, this includes the FVRCP and Rabies vaccines. **Proof of vaccines is required prior to grooming.***

Pets that do not have current (within the last 12 months) vaccine status will need to have an examination by our doctor prior to grooming. I acknowledge, as the pet's owner, that I am being notified of this requirement. I understand and acknowledge that this ensures the least possible transmission of airborne (communicable) disease. Additional charges will apply. Owner's Signature: _____

My pet is also here for appointment with Veterinarian - see MVVH consent and estimate for treatment

Any known history of the following?

Anxiety YES NO Details:

Aggression (Towards Animals) YES NO Details:

Aggression (Towards People) YES NO Details:

Today I request that Sally clip my pet's hair coat:

_____ Not at all (just a bath)

_____ Areas of matting only - as close to the skin as necessary to remove mat(s).

_____ Sanitary clip around the anus (and vulva -females) leaving 1/16 inch of hair

_____ Face and feet

_____ All over, leaving _____ inches of hair on coat

_____ Please apply topical flea / tick medication, additional charges may apply

Special Grooming

Instructions: _____

* All questions and concerns I have about the recommended grooming procedures have been answered to my satisfaction.

___ **Initials**

* I understand that an estimate of the fees for the above grooming care will be provided to me, and that I am encouraged to discuss all fees related to such care before services are rendered. I agree to assume financial responsibility for the remaining fees, and provide payment at the time my pet is discharged. ___ **Initials**

*I understand that additional charges may apply for severely matted animals. ___ **Initials**

Is there a specific time when you need to come back and get your pet?

___ Yes, ___: _____ (time)

No, please call when done

Phone Where You Can Be Reached

Today: _____

Signature of authorized

agent/owner: _____

Date: _____

**Mountain View Veterinary Hospital 300 S. Redwood Street, #115, Canby, OR
97013**

503-266-6880

www.mountainviewvethospital.com