

JAMUL VETERINARY HOSPITAL
13815 CAMPO RD
JAMUL, CA 91935

STAFF CHECK IN INITIALS _____

MEDICAL/GROOMING RELEASE

Client Name: _____

Address: _____

Phone Number: _____ Pet's Name: _____

Breed: _____ Sex: _____ Color: _____

For your pet's health and the protection of all other pets, we require DHP, Bordetella and Rabies vaccinations for dogs and FVRCP vaccination for cats be up to date. If these vaccinations are not current, they must be brought up to date when admitted to the hospital for grooming. While most animals enjoy the grooming process, a few find it very stressful, therefore, all pets eight years of age or older, or with **previously diagnosed health conditions**, will be groomed at the owners risk. Grooming will not be performed on any animal whose health is in question or is deemed vicious and cannot be handled without sedatives. **IF YOUR ANIMAL HAS HAD ANY HEALTH CONDITIONS, PLEASE NOTIFY US.**

IF SEDATIVES ARE REQUIRED FOR HANDLING OR GROOMING, I GIVE MY PERMISSION FOR SUCH MEDICATION TO BE ADMINISTERED AT THE DISCRETION OF THE DOCTORS AT JAMUL VETERINARY HOSPITAL AND I UNDERSTAND THERE WILL BE AN ADDITIONAL CHARGE FOR SUCH MEDICATION. _____ INITIALS (\$30.00- \$110.00)

It is understood that injury to your pet while being groomed can result in, but is not limited to, clipper burns or cuts/nicks of the skin. If your pet should become ill or have other problems which, in the groomers opinion, requires medical attention, you will be notified at once. If this notification is not possible or if the state of your pet's condition demands immediate attention, veterinary care will be secured immediately. Medical expenses incurred will be the responsibility of the owner. All animals will be handled without liability from injury, loss, disease, fire or injury of persons, property or other pets. I understand the hospital and staff are not responsible for any items I leave with my pet such as collars leashes toys or blankets.

I have read and understand the above policies and risks associated with the grooming process and certify that all my pet's vaccinations are up to date.

I can be reached at the following phone number/s on the day of the procedure:

HOME: _____ WORK: _____ CELLULAR: _____

IF FLEAS ARE FOUND ON YOUR PET, IT IS MANDATORY THAT WE TREAT THEM, TO PREVENT SPREAD TO OTHERS. A FLEA CONTROL PRODUCT WILL BE ADMINISTERED AT A FEE OF \$25.

_____ (INITIAL THAT YOU UNDERSTAND)

I understand the fees for grooming is an ESTIMATE ONLY and the cost will be determined by the groomer on an individual basis. Heavy matting or undercoat, difficult pets will be charged an extra fee (not to exceed \$45).

Signature: _____ Date: _____