

GAGE ANIMAL  
HOSPITAL



4000 SW 12<sup>th</sup> Street • Topeka, KS 66604 • 785-272-8876 • www.gageanimalhospital.com

---

GROOMING CONSENT

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Grooming services at Gage Animal Hospital are for healthcare purposes only. These services include medicated baths and basic shave-downs to preserve skin health. Gage Animal Hospital also provides basic grooming services for animals requiring sedation/anesthesia. Gage Animal Hospital does not perform cosmetic grooms and, therefore, does not have a professional groomer on staff.

Grooming services are offered for pets of established clients only. Established client means the animal in question has visited Gage Animal Hospital within the past year for, at minimum, a wellness exam and all recommended vaccinations.

Problems to check or procedures to be performed during grooming visit (all grooming services include a pedicure, anal gland expression, and ear cleaning): \_\_\_\_\_

Any specific medical history we need to know about? \_\_\_\_\_

Some pets may need sedation (for an additional fee) to complete the bath or grooming services.

- I request sedation for my pet.
- I request sedation only if it becomes necessary (for the safety of my pet or the groomer).
- I do not wish for my pet to be sedated. I understand that if sedation becomes necessary for the safety of my pet or the groomer, the requested services will not be completed, and I will be contacted immediately. I will not incur any bathing or grooming costs, and I may either pick up my pet immediately, or at the previously arranged time.

**PLEASE NOTE:** For your pet's protection and the protection of all other pets at GAH, all vaccinations must be current. We hope you understand the necessity of such requirements.

If not current, do we have your permission to update vaccinations?      **YES**      **NO**

If you cannot be present at the time of your pet's release, we must have authorization to release your pet to another person. In my absence, I authorize the release of my pet to: \_\_\_\_\_

Phone number(s) where you can be reached should any questions or an emergency arise: \_\_\_\_\_

***I agree to pay, in full, for services rendered, including those deemed necessary by the attending veterinarian, at the time of my pet's release from Gage Animal Hospital.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_