



**Middlehope
Veterinary Hospital**



Where You Bring the Pets You Love

Grooming Release

Name: _____ Date: _____

Phone Number: _____ Email Address: _____

Pet's Name: _____ Breed: _____ Sex: _____

The best number to reach me at today is: _____

Please give us a brief description of what you would like done today:

I understand that my pet is matted and will require shaving. Please initial: _____

If sedation is needed, please initial both points below:

If your pet has been sedated/anesthetized in the past, did they have any reaction to the medication?

___yes ___ no

If yes please explain: _____

I give Middlehope Veterinary Hospital permission to sedate my pet if needed. I recognize and accept the risks involved with sedation and will not hold the hospital, its principles, staff or groomer responsible for complications that may occur during sedation. Please initial _____

All animals must be current on required vaccinations and testing before grooming. Please provide a copy of your pet's vaccine history. An examination will be performed on any animal requiring vaccines.

I give Middlehope Veterinary Hospital permission to bathe and groom my animal, I realize that grooming requires physical manipulation, and the use of scissors and other cutting instruments and that such use may result in injury if the animal being groomed moves suddenly. I will not hold the groomer or Middlehope Veterinary Hospital, its principles or the staff responsible for any injuries that occur during grooming.

Signature: _____ Date: _____