

# Pet Grooming Agreement



**Chastain Veterinary Medical Group**  
www.chastainvets.info

Pet(s): \_\_\_\_\_ PT ID: \_\_\_\_\_  
Color: \_\_\_\_\_ Gender(s): \_\_\_\_\_ Breed: \_\_\_\_\_ Species: \_\_\_\_\_  
Owner: \_\_\_\_\_ Client ID: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_

**Meadow Brook Animal Hospital**  
1400 S. Custer  
McKinney, Texas  
75070  
Phone: 972 529-5033

## GROOMING SERVICES REQUESTED:

Professional Pet Grooming  Clip / Shave / Demat  Groomer Bath  Hospital Bath  Other

**Preston Road Animal Hospital**  
6060 LBJ Freeway  
Dallas, Texas 75240  
Phone: 972 239-1309

## INSTRUCTIONS FOR GROOMER:

## ESTIMATE FOR GROOMING SERVICES:

**GROOMING DIFFICULTIES:** If the groomer has questions or difficulties grooming your pet as requested, he/she will attempt to contact you by phone. In the event that you cannot be reached, the groomer should:

- Stop. Do not groom. Talk to me first.
- Proceed with grooming, exercising the groomer's best professional judgment.

## VETERINARY SERVICES REQUESTED:

## NOTES / COMMENTS / REQUESTS FOR DOCTOR:

Best Owner Contact  
Phone Numbers(s):

\_\_\_\_\_  
\_\_\_\_\_

## ESTIMATE FOR VETERINARY SERVICES:

Checked in by:

\_\_\_\_\_

## **PLEASE ALLOW AT LEAST FIVE (5) HOURS FOR GROOMING**

 **Please Read and Sign Agreement on Back**

## Authorizations

I, the undersigned, being the owner of the pet described above, or the owner's legal representative, or the owner's authorized general agent for the pet identified above, or Good Samaritan responsible for seeking veterinary care for the pet identified above, certify that **I am eighteen years of age or over.**

I request and consent to have my pet groomed as herein described, by the staff of the Chastain Veterinary Medical Group. I also consent to the examination and/or treatment of this pet, as may be herein described, by the veterinarians of the Chastain Veterinary Medical Group.

I understand and agree as follows: 1) All pets admitted to any Chastain Veterinary Medical Group (CVMG) hospital are required to be current on their vaccinations, as defined by CVMG staff, prior to grooming; 2) In the event that I am unable to provide the CVMG with written proof of my pet's vaccine history, I agree that the staff veterinarians may conduct a physical examination and administer the minimum required vaccines upon admission and charge my account accordingly; 3) The Chastain Veterinary Medical Group reserves the right to refuse to admit any animal for grooming if that animal is judged to pose a health or safety risk; and 4) **All** fees are payable in full at the time of release of my pet.

## Release of Liability

The Chastain Veterinary Medical Group is to use all reasonable precaution against accident, injury, escape, or death of my pet. Nevertheless, I understand that some risks always exist with pet grooming, sedation and veterinary examinations and treatments and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) is/are initiated. Should unexpected life-saving emergency care be required and the attending veterinarian be unable to reach me, the hospital staff has my permission to provide such treatment, and I agree to pay for such care.

I agree that either I, or an authorized agent of mine, will pick up my pet and pay for all accrued charges within five days of receiving written or oral notification that my pet is ready to be released from the hospital. Such notice will be given at the address maintained on the hospital's patient/client record. I agree that if I fail to comply with this policy, the hospital may handle this abandonment in a manner that is in the best interest of the pet and the hospital. I have read and fully understand the terms and conditions set forth above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Day-time Contact Phone Number: \_\_\_\_\_