



# Westtown Veterinary Clinic

21675 West Longview Drive Suite 200  
Waukesha, WI 53186  
262-798-2780

## Grooming Consent Form

Owner(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Best number to reach you: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Check:    Canine \_\_\_\_\_    Feline \_\_\_\_\_

### Consent

I am the owner/assent of the above described pet and have the authority to execute this consent.

I hereby consent and authorize the performance of the following procedures and/or medical treatments(s):

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

If fleas are observed on this pet I understand that a flea treatment will be applied and charges added to my invoice. If the groomer feels my request is not possible due to coat or skin condition I authorize the groomer to

**use their best judgment** \_\_\_\_\_ **Do not proceed with the groom** \_\_\_\_\_

I also authorize the use of such anesthetics as you deem advisable. I further agree to be liable for any and all charges incurred during the performance of the foregoing procedure(s). I understand that the bill is due and payable upon discharge. I have been advised as to the nature of the procedure(s).

I realize that results cannot be guaranteed.

**I have read and understand this authorization and consent**

Owner/Agent: \_\_\_\_\_ Date: \_\_\_\_\_