



**WESTTOWN  
VETERINARY  
CLINIC**

21675 Longview Dr. #200  
Waukesha, WI 53186  
Phone: 262-798-2780  
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## GROOMING CONSENT FORM

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

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

**CONSENT: \* Grooming automatically includes bath, haircut, and nail trim\***

\_\_\_\_ (initial) I, the owner of the pet described above, give permission to allow Westtown Veterinary Clinic to perform grooming duties according to my selected cut and the additional services included.

(Check off type of haircut desired)

QUICK TRIM       FACIAL TRIM ONLY       FULL BODY TRIM       SANITARY TRIM ONLY

OTHER: \_\_\_\_\_

**FLEAS:**

If fleas are observed on this pet, I understand that a flea treatment will be applied and charged to my invoice. If service cannot be done due to health concern of pet, I authorize Groomer to:

Use their best judgment       Do not proceed

**SEDATION:**

If the use of anesthetic should be used to proceed grooming to be done on pet due to the risk of health or emotional stress, I choose to:

Continue with anesthetic use       Decline and discontinue services altogether  
(anesthetic use costs is additional charge)

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

Signature: \_\_\_\_\_