



Authorization For Grooming Services

I authorize Loving Paws Pet Clinic to perform upon: _____

The following: _____

I understand that my pet must be current on vaccinations and free of external and internal parasites in order to be groomed. If my pet's vaccines are not current, I allow Loving Paws Pet Clinic to examine my pet and vaccinate as needed in order to be groomed. If my pet has fleas, I allow Loving Paws Pet Clinic to treat my pet for them. ***I understand there are additional charges for these services.***

I understand that if my pet shows signs of needing anal glands expressed (scooting, licking under the tail, tenderness), the groomer will try to express the glands externally at no charge. ***I understand that there are additional charges*** if my pet requires internal expression of anal glands.

Occasionally, our groomer may note a possible non-emergency health problem with your pet (i.e. ear infection, skin injection, flea allergy, etc.). If so, may we have permission to examine and treat your pet?

Yes, I understand there will be additional charges.

No

Some pets need sedation for grooming (especially cats). If so, may we have permission to examine and sedate your pet?

Yes, I understand there will be additional charges.

No, I understand that my pet may not be groomed today if my pet cannot be groomed without sedation.

Please note that all prices vary depending on breed, size, temperament, coat condition, and special requests. Fees may be increased if the procedures require more time than expected.

I am the owner or agent for the owner of the pet described above. I understand that I will be required to pay all charges incurred upon discharge of my pet. I have read and do understand this consent.

Signature of pet owner or responsible agent (Required)

Date _____

Phone number (Required for emergencies)