



**Sage Creek
Animal Hospital**

**102-50 Sage Creek Blvd
Winnipeg, MB
R3X 0J6
Phone: (204)255-1150
Fax: (204)255-1244**

Consent for Grooming

Client Name: _____
Address: _____

Phone: _____

Patient Name: _____
Sex: Male / Neutered Male / Female / Spayed Female
Species: Canine / Feline / Other: _____
Breed: _____
Date of Birth: _____
Color: _____

I, _____ the undersigned owner or responsible agent of the above described animal, hereby authorize Sage Creek Animal Hospital to perform such grooming as discussed between the groomer and client.

I am aware that my pet is required to be fully vaccinated (DA2PP and Rabies for dogs, FVRCP and rabies for cats) 10 days prior to the grooming being performed, and need to have proper documentation to confirm this request by Sage Creek Animal Hospital.

If my pet is to become ill during his/her stay at Sage Creek Animal Hospital, Sage Creek Animal Hospital will then contact me to discuss necessary treatments and/or book a consultation with the veterinarian. I grant permission to the staff of Sage Creek Animal Hospital to provide emergency veterinary care if needed. I also acknowledge that the Sage Creek Animal Hospital grooming does not pay veterinary bills.

Furthermore I/we accept the financial responsibilities for all charges incurred to be settled at the time of discharge unless otherwise arranged with Sage Creek Animal Hospital. If these charges are not settled at the time of discharge, then the above animal will be removed from Sage Creek Animal Hospital by the owner/agent within 5 days of a request for removal. The owner/agent hereby relinquishes all claim to the animal and Sage Creek Animal Hospital is at liberty to care for and humanely dispose of the animal appropriately.

Grooming options:

- Full groom (Bath, Blow-dry, Brushing, Fur Trimming as requested)
 Bath and Blow dry
 Other: _____

Additional requested services (no charge):

- Ear Cleaning Ear Plucking Nail Trim

Veterinary Services:

- Anal Glands by tech (\$28)
 Exam by Doctor (\$63)

Additional Veterinary Services requested: _____

Personal Belongings: _____

Primary Contact Name & Number Today: _____

Secondary Contact Name & Number Today: _____

Date: _____

Signature: _____