



CHESTER VALLEY VETERINARY HOSPITAL  
*helping pets enjoy every adventure*

**Grooming Consent**

Owner's Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Number \_\_\_\_\_

I am the owner \_\_\_\_\_ of the animal described above, and have the authority to execute this consent and give Chester Valley Veterinary Hospital permission to bathe and groom my animal. The fees associated with these services have been explained to me, and I agree to pay such fees at the time these services are completed. I understand, if not agreed upon before hand, that if sedation is needed Chester Valley Veterinary Hospital will attempt to contact me with an estimate before proceeding. If they are unable to reach me that they will not proceed with grooming. I understand that my pet must be up to date on their rabies vaccination before grooming and that a vaccination exam will be charged for any animals requiring a vaccine during their grooming appointment. I realize that grooming can require the use of scissors and other cutting instruments, and that the use of such can result in injury if the animal being groomed moves suddenly. In such an event I will not hold the groomer or Chester Valley Veterinary Hospital responsible for any injuries that occur during grooming.

I am aware that if my pet has a matt or multiple matts that cannot be brushed out, it/they will be cut out or shaved out as needed. This may result in an uneven look or bald spots and I will not hold the groomer or Chester Valley Veterinary Hospital responsible.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_