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Grooming Consent Form		
Owner's Name	Pet's Name	
Date	Breed	
to the grooming process. However will not allow us to safely and effe	s to bathe and/or shave and groom your pet. Most of our part, on RARE occasions (less than 1-2% of the time) we encoectively groom him or her while awake. In those instances we ensure your pet's safety and comfort.	unter a patient who
•	r, patients who have not been examined by one of our veteric Comprehensive Medical Examination before we can present am fee is \$76.95.	
Please choose how you wo anesthesia:	ould like us to proceed in the rare event that your pet requir	es sedation or
veterinarian. I \$129.00. I und	sedate or anesthetize my pet if recommended by the I understand the cost for the sedative or anesthesia is derstand this cost does not include the \$76.95 exam fee the grooming cost.	e (if
	edate my pet. Please stop the grooming process and not ober below as soon as possible.	tify
	rinary Hospital is dedicated to providing a flea free environister parasite treatment. The charge for this treatment va	
necessitate a variance in the proce reasonable care and judgment in explained to me and I realize that by the veterinarian to need additionan after-hours hospital. I am also a	the performance of the procedure(s), unforeseen conditional cedure(s) set forth above. I expect Companion Veterinary in performing the procedure(s). The procedure and risks results cannot be guaranteed. I am aware that in the case in the case in the case in the case is a set of the conditional after-hours veterinary care, I will be responsible for the aware that unforeseen events resulting from the procedure(stable costs incurred regarding the animal's treatment.	Hospital, P.S. to use involved have been my pet is determined ansferring him/her to
TODAY'S PH	HONE NUMBER	
Occasionally we send a te	ext message updating a pet's status. If necessary may we tex Yes No	ct the number above?
Signature	e of Pet Owner/Agent Date	