



Grooming Intake and Consent Form

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

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

Date: \_\_\_\_\_

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

Has your pet ever been groomed at Lakeside Animal Hospital before?  Yes  No

How did you hear about Lakeside's Grooming? \_\_\_\_\_

Is it okay to give your pet treats?  Yes  No

Does your pet have any special needs or health problems?  Yes  No

If yes, please explain, including any medications currently taken:

\_\_\_\_\_  
\_\_\_\_\_

Are your pet's Rabies, Distemper, and Bordetella vaccines up to date?  Yes  No

**Please Note: If your pet was not vaccinated at Lakeside Animal Hospital, we must have records from the veterinary hospital that vaccinated them prior to your pet's grooming appointment.**

Services requested today:

- Haircut (includes bath, brush, haircut, ear cleaning, external anal gland expression, and pedicure)
- Spa Package (includes bath, kiwi and coco butter conditioner, and facial scrub)
- Basic Bath (includes bath, brush, ear cleaning, external anal gland expression, and pedicure)
- Furminator Deshedding Treatment

**If getting a haircut, in your own words, please describe how you would like you pet's fur to be cut:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial next to each item upon review:

\_\_\_\_\_ I understand that if my pet is matted, he/she may need to be shaved or cut shorter than the original length discussed. Every effort will be made to keep the pet's coat. I understand that matted pets are more difficult to shave, require more time and may be cut or "scraped" by the clippers. **Matted pets will be charged an extra fee.** The skin may be irritated under the matted fur. We will brush out only minimal mats. We always do what is in the pet's best interest.

\_\_\_\_\_ I understand if my pet is not free of external parasites such as fleas and/or ticks, my pet will be treated appropriately at my expense.

\_\_\_\_\_ I understand my pet must be immunized against rabies, Distemper and Bordetella in order to be hospitalized for any period of time at Lakeside Animal Hospital. Otherwise, my pet will be treated at my expense.

**You will receive a call when your pet's groom is complete and they are ready to be picked up.**

**I HAVE READ THE FOREGOING, UNDERSTAND WHAT IS DESCRIBED, AND AGREE TO ALL TERMS.**

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

Date: \_\_\_\_\_

# Photo & Information Release Form

I grant Lakeside Animal Hospital and its representatives and employees the right to take photographs of my pet and to copyright, use, and publish the same in print and/or electronically (including Facebook & Instagram).

I agree that Lakeside Animal Hospital may use such photographs of my pet with or without my pet's name and for any lawful purpose, including, but not limited to: web content, advertising, publicity, and illustration.

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

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

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

Date: \_\_\_\_\_