

# Feline Grooming Release Form



Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Patient's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Colour: \_\_\_\_\_

Medications: \_\_\_\_\_

Weight: \_\_\_\_\_ Fasted:  Yes  No TGH: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described above, that I do hereby give Manzini Animal Hospital Ltd., its doctors and staff full and complete authority to perform the procedure described as:

I understand that during the performance of this procedure(s) unforeseen conditions may be revealed that may necessitate an extension or variance in the procedure(s) set forth. I expect Manzini Animal Hospital to use reasonable care and judgment in performing the procedure(s). The nature of the procedure and risks involved have been explained to me, and I realize results cannot be guaranteed. I am also aware that unforeseen events resulting for the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding this animal. All animals admitted are encouraged to be current on their vaccinations and free of external parasites. Any animal which are found to have fleas will be treated at the owner's expense.

**WAIVER:** If sedation is required for the grooming a preanesthetic exam will be required prior to sedation. Our doctors use safe anesthetic protocols to minimize any risk to your pet. No anesthetic procedure, however, is completely without risk. Occasionally, pre-existing conditions not evident at the pre-anesthetic physical examination may exist. To avoid these problems, we recommend pre-anesthetic blood screening.

- |                                 |                                 |                |
|---------------------------------|---------------------------------|----------------|
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Full lion clip |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Dematting only |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Nails          |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Ear clean      |
| <input type="checkbox"/> Accept | <input type="checkbox"/> Refuse | Anals          |

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

Contact number you can be reached at today: \_\_\_\_\_