

# STEEPLECHASE VETERINARY HOSPITAL

## New Grooming Client

### Drop-Off and Consent Form

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

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Groomer: \_\_\_\_\_

Pet Species? \_\_\_ Dog \_\_\_ Cat Sex? \_\_\_ Male \_\_\_ Female Altered? \_\_\_ Spayed \_\_\_ Neutered \_\_\_ No

Breed? \_\_\_\_\_ Color? \_\_\_\_\_ Microchip Implanted? \_\_\_ Yes \_\_\_ No

When did your pet have its last vaccines?

\_\_\_\_\_ Rabies \_\_\_\_\_ Distemper/Parvo (dogs) \_\_\_\_\_ Kennel Cough (dogs) \_\_\_\_\_ FVCRP (cats)

Current Vet: \_\_\_\_\_ City of Vet's Office: \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

---

For all pets groomed at Steeplechase Veterinary Hospital, there must be evidence they are up to date on their rabies vaccination. In addition, we recommend and expect that your pet is current on other vaccinations, such as Distemper/Parvo & Bordetella (Kennel Cough) for dogs or upper respiratory series (FVCRP) for cats.

---

### Release for Unvaccinated Pets

In this Hospital, as well as any place where pets congregate, there is an increased risk of exposure to diseases that can be controlled by vaccinations this Hospital recommends. Since I have made the decision to put my pet at such risk, I agree to hold Steeplechase Veterinary Hospital and its agents harmless in the event that my pet does contract one of these diseases.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

---

*We are a flea- and tick-free environment. This means: if we see fleas or ticks on your pet, we will apply treatment at the owner's expense.*