

STEEPLECHASE VETERINARY HOSPITAL

New Grooming Client Drop-Off and Consent Form

Pet Owner's Name: _____ Client ID: _____

Pet's Name: _____ Patient ID: _____

Primary Phone: _____ Other Phone: _____ Email: _____

Owner's Address: _____ Groomer: _____

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 and Bordetella (Kennel Cough) for dogs or upper respiratory series (FVRCP) 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.

Special Instructions for groomer: _____
