

KINGSTON ROAD ANIMAL HOSPITAL

AUTHORIZATION FOR GROOMING

Directions for grooming: (Please understand the groomer will make every effort to comply with these directions and will contact you at the number you leave below if this is not possible i.e. due to matting, tolerance, etc.)

Procedures to be performed during stay:

Vaccines Fecal Dr. Exam Blood work

Any pre-existing medical problems that require special attention, or current concerns we are not already aware of:

PLEASE READ

I understand that every precaution is taken to keep pet safe and healthy at all times. However in the event of illness, injury or escape I hereby release Kingston Road Animal Hospital from and against all liability directly or indirectly arising from the grooming of my pet.

Should a medical emergency arise, I wish the staff of KRAH to do all in their power to provide full and complete veterinary care of my pet. I do, however, wish to be kept abreast on my pet's condition as often as reasonably possible.

HOSPITAL POLICY

1. Our fees are based on the current year fee schedule of the Ontario Veterinary Medical Association (OVMA)
2. Fees must be paid on the day of treatment. For your convenience, we do accept VISA, MASTERCARD, INTERAC, or CASH. Do not hesitate to discuss our fees with us if you have any questions.
3. The goal of our practice is that you attain the highest level of health possible for you, and that the staff is all working with you to achieve this. Part of your contribution to achieving your optimum health, is making and keeping regularly scheduled appointments. As much as possible, the appointments are made to fit into your schedule as well as ours. Any change in scheduling or missed appointments may affect other patients in need of treatment.
4. Appointments are reserved exclusively for you. We will attempt to remind you of your appointment a day or two in advance, however, it is your responsibility to keep your appointments.

I have read and understood this consent form.

Owner's Signature (Or Agent)

Date

Contact Phone Number: () _____