



GROOMING CONSENT

Date: _____ Pet: _____

Owner: _____ Breed: _____

Street: _____ Color: _____

City: _____ State: _____ Zip Code: _____

Any information you would like us to know about your pet, or instructions for the groom:

Please read and initial on the blue lines:

I, the undersigned, do hereby give Marion Veterinary Hospital, its agents, servants, and representatives full and complete authority to care for my pet. I give Marion Veterinary Hospital the authority to perform any procedure that may be necessary to treat my pet during grooming services at Marion Veterinary Hospital in case of emergency or sickness.

I understand I am responsible for any fees for these services. _____

If my pet is diagnosed with fleas, ticks or intestinal parasites, he/she will be treated at his/her owner's expense. This strict policy is held to high standards to protect your pet as well as all others entering our facility.

I understand I am responsible for any fees for these services. _____

Please do not bring your pets personal items such as: leashes, toys, bedding, etc. Marion Veterinary Hospital is not responsible for the replacement if items are lost or damaged while my pet is being groomed.

I understand I am responsible for any fees for these services. _____

I understand that my pet will be transported to the county's animal services after 3 days if not picked up on planned departure date and notice is not given as to my change of plans. I understand that abandonment does not excuse me from the cost of this service and that I will be responsible for any fees incurred at Marion Veterinary Hospital as well as at animal services.

Signature of Owner or Authorized Agent _____

Contact Phone Number _____ or _____

Marion Veterinary Hospital

Flea & Tick Policy

(Please keep for your records)

Thank you for helping Marion Veterinary Hospital to sustain a **flea and tick free facility**. We take pride in maintaining hospital cleanliness as well as promoting animal health and wellbeing. Please know that our staff will carefully inspect your pet(s) upon arrival for external parasites. Rest assured that we will take special precautions and follow strict facility policies to rid your pet of flea and/or tick infestation immediately when identified. Please let us know if you have any questions.

Thank you,
Management

<u>Required tick infestation treatments</u>	<u>Cost per treatment</u>
1) De-tick by Technician. We will meticulously search for and remove all ticks that are found by hand.	\$ 15.60-75.00 – depending on total number of ticks removed
2) Bath with Tick Shampoo add-on	\$ 24.90-43.90 - by weight
3) Frontline topical spray treatment	\$ 21.10
<u>Optional tick infestation treatments</u>	
1) Preventic Collar that last for 3 Months	\$25.00
2) Bravecto up to 90 day Oral Prevention	\$63.50

We will notify each pet Owner of our findings either by phone or at check-out and we do recommend continuing a preventative product at home. Our veterinarian will be happy to make recommendations and answer any questions you may have.

<u>Required flea infestations treatment expense</u>	<u>Cost per treatment</u>
1) Capstar Tablet given orally	\$ 12.40
2) Bath with Flea Shampoo add-on	\$ 24.90-43.90 - by weight

Prices are subject to change.