

WESTWOOD VETERINARY CLINIC

GENERAL CONSENT

OWNER'S NAME _____ ACCOUNT # _____

PHONE _____ EMERGENCY PHONE NUMBER _____

PET'S NAME _____ DOG _____ CAT _____ AGE _____ SEX _____

BREED _____ COLOR _____ SPAY / NEUTER _____

I AUTHORIZE WESTWOOD VETERINARY CLINIC, TO PERFORM THE TREATMENT/PROCEDURE OR OPERATION DESCRIBED BELOW. I HAVE BEEN INFORMED OF THE REASONS FOR THE TREATMENT /PROCEDURE(S), ALONG WITH THE EXPECTED BENEFITS AND RISKS INVOLVED.

PLEASE SELECT SERVICE YOUR PET NEED

REGULAR BATH:

SMALL (2-25 Lbs.) _____
MEDIUM (25-40 Lbs.) _____
LARGE (40-50 Lbs.) _____
X-LARGE (50-80) _____
GIANT (80-120) _____

GROOMING:

SMALL _____
MEDIUM _____
LARGE _____
X-LARGE _____
GIANT _____

DIP: _____

(FLEAS & TICKS TREATMENT)
MEDICATED BATH _____
FECAL _____
VACCINES _____

****I AUTHORIZE THE GROOMER TO COMPLETELY SHAVE DOWN MY PET:** _____

X RAYS _____ BLOOD WORK _____ EKG _____ VOMITING _____ DIARRHEA _____
COUGHING _____ SNEEZING _____ EATING DISORDER _____ OTHER _____

I UNDERSTAND THAT UNFORESEEN CONDITIONS MAY REQUIRE AN EXTENSION OF A PLANNED PROCEDURE OR OPERATION. I HEREBY AUTHORIZE THE PERFORMANCE OF SUCH PROCEDURES OR OPERATIONS AS ARE NECESSARY AND ADVISABLE IN THE PROFESSIONAL JUDGEMENT OF THE VETERINARIAN. I AM WELL AWARE OF WESTWOOD VETERINARY CLINIC'S OFFICE HOURS, WHICH ARE MON-FRI 9:00AM - 6:00PM, SAT 9:00AM-4:00PM, SUNDAYS CLOSED. IF FOR ANY REASON I AM NOT ABLE TO PICK UP MY PET, DURING THEIR OFFICE HOURS, I KNOW THAT THERE WILL BE AN OVERNIGHT CHARGE, AND THAT THERE IS NO MEDICAL STAFF AFTER OFFICE HOURS. BY SIGNING BELOW, I ACKNOWLEDGE THAT IF MY PET IS BADLY MATTED, SENIOR, AND/OR RECEIVING THE SERVICES OF BEING GROOMED OR DEMATTED, THERE IS A POSSIBILITY THAT A MINOR CUT AND/OR INJURY MAY OCCUR. I AGREE THAT IF THE GROOMER FINDS THAT THE REQUESTED SERVICES IS UNABLE TO PERFORM COMPLETELY DO TO MATTING AND/OR AGE, THE GROOMER WILL PERFORM THE REQUESTED SERVICES TO THE BEST OF HIS/HER ABILITY.

I UNDERSTAND THAT I ASSUME ALL RISKS, I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF MY PET(S) AND ALSO THAT THESE CHARGES WILL BE PAID AT THE TIME OF RELEASE. _____(IN)

OWNER'S SIGNATURE _____ DATE _____