

# Merrimack Veterinary Hospital

## GROOMING AGREEMENT

Pet's Name(s): \_\_\_\_\_

Owner: \_\_\_\_\_

Person(s) to Contact in Case of Emergency: \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_

This form will be used any time your pet is in grooming to determine your wishes concerning medical treatment and emergency contact information. Please let us know if you would like to modify this information.

### FOR YOUR PET'S HEALTH

**Medical Requirements:** To insure the protection of ALL pet's under our care, the following must be current and no evidence of internal or external parasites (i.e. fleas/ticks) be present on your pet:

**Annual Veterinary Exam   Distemper   Rabies   Annual Fecal Floatation   Kennel Cough (dogs only)**

I understand that my pet will not be admitted to Grooming if the above are not current. I also understand that Merrimack Veterinary Hospital will provide treatment in accordance with the above policy at the owner's expense if evidence of internal or external parasites are noted on my pet during his/her stay.

My pet's primary veterinarian is:

Veterinarian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Animal Hospital: \_\_\_\_\_

In the unlikely event that your pet develops a severe or life-threatening illness we will make every effort to contact you. If no one can be reached please indicate your wishes below.

\_\_\_ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I accept responsibility for any/all costs that may be incurred.

\_\_\_ Do not administer any medical treatment other than supportive care until specific authorization is given. Supportive care refers to medications and/or treatments used to alleviate pain, suffering and to stabilize vital signs. I accept responsibility for any/all costs that may be incurred.

Please note that we often take "before" and "after" pictures of our grooming guests. These pictures may be posted inside Merrimack Veterinary Hospital, on our website (or Four Paw Spa's website) or on Facebook.

\_\_\_ I authorize my pet's picture to be taken and the photo to be used as indicated above.

\_\_\_ I do NOT authorize my pet's picture to be taken.

Does your pet have any pre-existing medical conditions or use prescription medications? Please explain below:

\_\_\_\_\_  
\_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_