

GROOMING AGREEMENT

Country View Veterinary Service
1350 South Fish Hatchery
Oregon, WI 53575
Phone (608) 835-0551
Fax (608) 835-0552

Today's Date _____

Owner _____

Pets being groomed: _____

Person(s) to contact in case of emergency _____

Emergency telephone number(s) _____

Veterinary clinic and phone number where vaccinations are administered: _____

Special instructions:

FOR YOUR PET'S HEALTH

VACCINATION POLICY

To insure the protection of all pets under our care, the following must be up-to-date:

Dogs: Rabies DHLPP(distemper) Cats: Rabies FVRCP

MEDICAL ILLNESS POLICY

If your pet(s) becomes ill, 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. This includes only non-elective treatments and necessary diagnostics.

_____ I authorize up to (check one and indicate amount) \$_____ \$100 \$200
in medical care for my pet(s) until someone can be reached.

_____ Do not administer any medical treatment until specific authorization is given.

FLEA EXPOSURE

If we encounter an animal with fleas and your animal might have been exposed how would you like us to handle it:

_____ Give a safe oral tablet called Capstar (safe for pregnant or breeding animals) to kill any fleas that may be on your animal.

_____ My animal is on Frontline May – November please do not administer Capstar during these months only.

_____ My animal is on Frontline all year round (12 months), please do not administer Capstar.

_____ Please do not administer anything to my animal for fleas.

If any fleas/ticks are observed on your pet(s) while grooming, he/she (they) will receive a flea bath/dip at the owner's expense.

I have read and understand this agreement. If circumstances change, I will notify Country View Veterinary Service. If not up-to-date, or unable to provide proof of vaccination, I give my permission to update my pet(s) vaccination with an exam if needed in accordance with the above policy at my expense. Valid for 1 year from date signed.

Date

Owner/Agent for Pet(s)