

Quail Ridge Animal Hospital

397 Mica Dr. Suite 18 Carson City, NV 89705

Ph: (775) 267-4888 / Fax: (775) 267-3337

Authorization for Grooming and Grooming with Sedation

Client's Name: _____ Phone Numbers: _____

Pet's Name: _____ Pet's Age: _____ Pet's Species/Breed: _____

All pets receiving treatment/grooming must be active clients of Quail Ridge Animal Hospital, current with an annual exam with all required vaccines.

Quail Ridge Animal Hospital is NOT a grooming facility. We provide limited choices in a trim or shave down of your pet.

Please indicated below the grooming/treatment your pet is here for today:

PROCEDURE to be performed:

- Bath and Comb out ONLY (no clipping), \$60-\$70
- Bath, Comb and trim mats ONLY / indicate mats: _____
- Lion cut, No bath, \$70
- Lion cut with a bath, \$95
- Clip Mats, \$45-\$65
- Shave down - canine, \$60-\$160
- Sedation - 2 units (may be required), \$110
- Any additional procedures to be performed:

All pets MUST be current on all REQUIRED vaccines and annual exam prior to ANY treatment, boarding or grooming of a pet.

Is your pet current on vaccines: Yes (proof required) No, please administer today along with an annual exam.

Canine: Rabies (required) DA2LPP DA2PP (required) Lepto Bordetella (required) Rattlesnake Annual exam, \$58

Feline: Rabies (required) FELV FVRCP (required) Annual exam, \$58

What medications, if any, has your pet been given in the last 24 hours? _____

Is your pet sensitive or allergic to any medications or had a previous vaccine reaction?

No Yes, please provide details: _____

It is the Medical Practice of Quail Ridge Animal Hospital to perform blood work and place an IV catheter on ALL senior patients (over 5 years) prior to any sedation to minimize the health risks to the pets. Older patients are at a higher risk for complications from anesthesia. Please indicate your choices below:

- Sedate ONLY, \$110
- If sedation is required, I want preoperative blood work performed - In-House (Day of Procedure) (Under 5 years \$234.00 / Over 5 years \$291.16)
- If sedation is required, I want preoperative blood work performed and an IV catheter w/fluids (Under 5 years \$314.06 / Over 5 years \$371.16)
- I **DO NOT** want blood work, and I **want** IV catheter w/fluids, \$80
- I **DO NOT** want blood work and IV catheter w/fluids
- I would like anal glands expressed, \$24
- I would like a nail trim, \$20

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age or over and authorized the veterinarian(s) at Quail Ridge Animal Hospital to perform the above procedure(s). I understand, that some risks always exists with anesthesia and/or sedation and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian/technician before the procedure(s) is/are initiated. My Signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction:

- Reasonable medical and/or surgical treatment options for my pet
- Sufficient details of the procedure(s) that will be performed
- How fully my pet will recover and how long it will take
- The length and type of follow-up care and home restraint required
- The estimate of the fees for all services and any necessary payment arrangements

While I accept that all procedures will be performed to the best of the abilities of the staff at this hospital, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay a deposit of the estimated fees, assume financial responsibility for the remaining fees and provide payment via cash, credit card or check at the time my pet is discharged from the hospital. Should unexpected life-saving emergency care be required, the staff _____ has/_____ has not my permission to provide such treatment and I agree to pay for such services.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner: _____ Date: _____