

Quail Ridge Animal Hospital

937 Mica Dr. Suite 18 ~ Carson City, NV 89705

Ph: 775-267-4888

Authorization for Grooming and Grooming with Sedation

Client's Name: _____ Phone Number: _____

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. QRAH is **NOT** a grooming facility. We provide limited choices in trim or shave down of your pet. Please indicate below grooming/treatment your pet is here for:

PROCEDURES to be performed:

- Bath and Comb out ONLY (no clipping) \$77 - \$87.
- Bath, Comb and trim mats ONLY / indicate mats: \$95 - \$105 _____
- Lion Cut, No Bath - \$78
- Lion Cut with Bath - \$105
- Clip Mats, indicate mats: \$50 - \$75 _____
- Shave Down – canine (\$ depending on severity – estimate needed) - \$90 - \$210
- Sedation – 2 units (may be required for safety) - \$120
- 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.

Is your pet current on vaccines? (Proof required) YES NO

If No, administer today along with an Annual exam : YES list vaccines to be given: _____

Additional Services : (ie Anal glands, nail trim) : _____

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

Does your pet have any medical conditions? Allergies or previous reactions? _____

It is the Medical Practice of QRAH to perform blood work and place an IV catheter on ALL senior patients (over 5 yrs) prior to sedation to minimize the health risks to the patient. Older patients are at a higher risk for complications from anesthesia. Additional cost - \$240 - \$380 (ask for an estimate)

I am aware and understand the risks involved in sedating my pet without having Bloodwork performed and an IV catheter used prior to sedation.

I choose to **NOT** have BW and an IV Catheter used (initial) _____

I choose to **HAVE** BW and an IV Catheter used (initial) _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am eighteen years of age and risks always exists with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those 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, which may require a deposit are due at the time of surgery

I understand that if overnight care is needed for my pet, Quail Ridge Animal Hospital, does NOT have staff on site between the hours of 6:00pm-7:30am and my pet will be left unattended. An alternative emergency hospital for overnight care will be offered. _____

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