



Lone Tree Veterinary Medical Center

Additional Grooming Services Informed Consent

I, _____, am the Owner of _____, who will be receiving grooming and related service(s) at Lone Tree Veterinary Medical Center (LTVMC). I acknowledge that I have the authority to execute this consent. I further acknowledge and agree that I have discussed with LTVMC the service(s) set forth below, and have authorized only the service(s) for which a box is checked.

I have been generally informed about and understand the services(s) to be performed and the nature of my pet's needs and condition, and informed about and understand related service(s) which may be necessary and/or appropriate, such as shaving, de-matting and/or sedation. I have been informed of alternative treatments, if any. I understand and agree that prior agreements and consents regarding grooming of my pet remain in full force and legal effect, and this Additional Grooming Procedures Informed Consent is consent in addition to and not in lieu of prior agreements and consents.

I have requested and hereby authorize my pet to be shaved. I further understand and agree that my pet will be left with less than 1/16 inch of hair on its body. I further understand and agree that LTVMC will charge an additional \$10.00 in its sole discretion if my pet becomes aggressive or unusually resistant to shaving.

I have requested, and hereby authorize, my matted pet be brushed out (de-matted) rather than shaved. With respect to de-matting, I further understand that (i) there will be an additional \$1.00 per minute charge and (ii) my pet will be shaved if LTVMC determines in its sole discretion that de-matting cannot be performed safely. I further understand and agree that LTVMC will charge an additional \$10.00 in its sole discretion if my pet becomes aggressive or unusually resistant to de-matting.

I hereby authorize my pet to be sedated and/or anesthetized as part of the grooming process. I understand I will be charged and will be responsible for additional fees for sedation and/or anesthesia, and for the physical examination required by LTVMC before sedation and/or anesthesia. **I have also been informed and fully understand that in order to perform the grooming procedure(s), my pet may be given sedation and/or anesthesia. It has been explained to me that all forms of sedation and/or anesthesia involve some risks, including but not limited to lethargy, allergic reaction, shock, and (rarely) death, and that no guarantee or promises can be made concerning the results of the service(s) to be performed and/or the impact of sedation and/or anesthesia on my pet.**

I understand that unexpected and/or severe complications with the service(s) and/or sedation and/or anesthesia can occur, including, without limitation, brush-burns, bruising, nicks, cuts, shock, allergic reaction, lethargy and/or (rarely) death. I have been generally advised as to the nature of the service(s) and the administration of sedation and/or anesthesia and have been encouraged to discuss my concerns about the risks associated with them before they are initiated. I further agree that LTVMC may rely on this consent in the event LTVMC alters the service(s) and/or form of sedation and/or anesthesia as may be necessary. In the event of a life-threatening emergency of the pet, LTVMC will undertake reasonable efforts to notify the Owner and/or emergency contact(s) to advise of medical alternatives. In the event LTVMC is unable to reach the Owner and/or emergency contact(s) LTVMC shall take action in accordance with the standard of care and I hereby authorize such action. All charges related to the pet's life-threatening emergency shall be in addition to the fees for the procedure(s) authorized above.

I understand that LTVMC veterinarians and hospital staff will perform the service(s), and the administration of sedation and/or anesthesia in accordance with the applicable standard of care. In consideration of LTVMC performing the service(s), I, for myself and on behalf of my spouse, children, heirs, personal representatives, successors and assigns, hereby release, forever discharge, and agree to indemnify and hold harmless Lone Tree Veterinary Medical Center, and its officers, employees, directors, managers, staff, insurers, re-insurers, shareholders, subcontractors, agents, owners, and members (hereinafter, collectively, "Released Parties"), from any and all damages, judgments, claims, litigation costs, actions, causes of action, liabilities, demands, agreements, and expenses, which are in any way related to my pet's service(s) and/or the delivery of sedation and/or anesthesia to my pet.

I have read and fully understand this consent, and my questions regarding this consent have been answered to my satisfaction.

Owner's Name _____ Emergency Contact Number _____

Owner's Signature _____ Date _____

Groomer Initials _____ Technician Initials _____ Veterinarian Initials _____