



Lone Tree Veterinary Medical Center

8681 E. Lincoln Avenue • Lone Tree, Colorado 80124

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 and this consent is effective unless and until revoked by me in writing and delivered to the LTVMC Practice Manager.

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. I have been informed of alternative treatments, if any, and I have been informed that the service(s) will include my pet being tethered, kenneled, and, if needed, muzzled.

I understand that unexpected and/or severe complications with the service(s) including, without limitation, brush-burns, bruising, nicks, cuts, shock, and/or (rarely) death. I have been generally advised as to the nature of the service(s) 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) 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 groomers and hospital staff will perform the service(s) 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).

I have read and fully understand this consent, and my questions regarding this consent have been answered to my satisfaction. I, hereby, authorize the service(s) be provided to my pet.

Owner's Name _____ Emergency Contact Number _____

Owner's Signature _____ Date _____

Groomer Initials _____