



CONSENT AND RELEASE FORM

DATE: _____

CANINE/FELINE SHAVE DOWN

I am aware of medical problems that can occur following a shave down of any dog/cat particularly but not limited to double-coated, heavy coated or heavily matted coats and long-haired cats.

I authorize The Lodge at Main Street Vet and/or Main Street Vet to shave down my pet.

I will not hold The Lodge at Main Street Vet, Main Street Vet, or any staff member therein liable or responsible of any of the following conditions:

- Loss of hair or regrowth
- The coat not growing back in the same texture and/or color prior to shaving
- Bald patches
- Hyperpigmentation of the skin. Darkening of the skin where the coat has not grown back.
- Loss of guard coat—the top layer of the coat
- Coarse re-growth of hair in different directions
- Exposure to the elements, sun/heat damage or stroke; cold increment weather
- Exposure to bug bites
- Reduced protection from bushes, sticks, scratching, etc.

PET NAME: _____ CLIENT NAME: Last _____ First: _____

CLIENT'S SIGNATURE: _____ DATE: _____

SEDATION

SERVICES REQUIRING SEDATION: _____ DVM: _____

The doctor(s), groomer(s), and/or you, the client, has determined that your pet requires sedation for the above procedure. Any use of sedation or anesthesia carries inherent risks. The veterinary staff of Main Street Vet will take the utmost care to avoid any complications, but such complications cannot always be foreseen. Animals that require frequent sedation for procedures (such as grooming, vaccinations, etc.) may be required to have periodic blood screenings to confirm liver and kidney health.

I understand the risks of sedation and will not hold The Lodge at Main Street Vet, Main Street Vet or any staff or team members therein responsible for complications as a result of sedation or anesthesia. I authorize Main Street Vet and its veterinarians to perform sedation and/or anesthesia on my pet. I understand that I assume full financial responsibility for this animal and understand that additional charges may be incurred in the event of any complications.

Your signature below authorizes Main Street Vet to perform sedation on your pet for the reason indicated above.

PET NAME: _____ CLIENT NAME: Last _____ First: _____

CLIENT'S SIGNATURE: _____ DATE: _____