

**Merrimack Veterinary Hospital
GROOMING AGREEMENT**

Pet's Name(s): _____ Date: _____

Owner: _____

Person(s) to Contact in Case of Emergency: _____

Emergency Phone Number(s): _____

FOR YOUR PET'S HEALTH

Medical Requirements: To insure the protection of ALL pet's under our care, the following must be current and no evidence of internal or external parasites (ie. fleas/ticks) be present on your pet:

Annual Veterinary Exam Distemper Rabies Annual Fecal Floatation

Kennel Cough (dogs only) Annual Leukemia/Aids test (cats only)

I understand that my pet will not be admitted to Grooming if the above are not current. I also understand that Merrimack Veterinary Hospital will provide treatment in accordance with the above policy at the owner's expense if evidence of internal or external parasites are noted on my pet during his/her stay.

My pet's primary veterinarian is:

Veterinarian's Name: _____ Phone #: _____

Name of Animal Hospital: _____

In the unlikely event that your pet develops a severe or life-threatening illness we will make every effort to contact you. If no one can be reached please indicate your wishes below.

___ Please perform whatever services the doctor deems necessary for the best care of my pet until someone can be reached. I accept responsibility for any/all costs that may be incurred.

___ Do not administer any medical treatment other than supportive care until specific authorization is given. Supportive care refers to medications and/or treatments used to alleviate pain, suffering and to stabilize vital signs. I accept responsibility for any/all costs that may be incurred.

Does your pet have any pre-existing medical conditions or use prescription medications? Please explain below:

Owner's Signature: _____