

14831 SW Teal Boulevard

Beaverton, OR 97007

(503) 579-3300

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| --- | --- |
| First Name: | Last Name: |
| Pet’s Name: |  |
| Address: Apt: | |
| City: State: Zip: | |

**GROOMING ADMIT and SEDATION FORM**

**Your pet’s health and comfort are our primary concern while being Groomed here at Murrayhill Veterinary Hospital, therefore the following need to be current or updated by pet’s regular veterinarian:**

1. Current exam – within the last 12 months
2. Proof of Current Vaccinations
3. A flea free pet (Capstar will be administered, if needed)

* If a medical problem is discovered, we will contact you immediately.
* If an emergency should occur, I understand that care will be provided and agree to pay for all necessary treatment.
* I have read and agree to all terms listed above.
* I agree to pay in full for all services rendered at the time of discharge.

**I, the undersigned, certify that I am the Owner/Agent of the above pet. I give the veterinarians of Murrayhill Veterinary Hospital permission to perform an examination in order to determine the best sedation/anesthesia for your pet. The cost for the sedation and exam varies depending on the medication and reversal used. If an estimate is not provided for you to show these costs upon check in, please let us know and it will be generated.**

When was the last time your pet ate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any questions/concerns for the Veterinarian? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your have any medical conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet on any medications? If so, what and when was the last dose given? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**By signing I agree to the procedures and associated charges described above**.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(IMPORTANT: – If able, please be available by phone in case of questions or problems)**