



**SENIOR PET
RELEASE FORM**

_____ **Pet Name**

_____ **Date**

Your Pet is *IMPORTANT* to Us!

Because we care about your pet's safety and well being, we want to assure you that every effort will be made to make your senior pet's visit as pleasant as possible.

Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming.

In the best interest of your pet, we request your permission to obtain immediate veterinary treatment should it become necessary.



I hereby grant permission to this grooming establishment to obtain emergency veterinary treatment for my pet at my expense. Also, realizing that aged pets have a greater chance of injury during grooming, I will not hold this establishment responsible for accident or injury to my pet.



Owner Name _____

Signature _____