



**Grooming Sedation Release Form**

Owner: \_\_\_\_\_ Pet: \_\_\_\_\_ Age: \_\_\_\_\_

Initials \_\_\_\_\_

Please read the following carefully and sign.

Your pet is scheduled for grooming to be done under sedation with the consent of your Veterinarian. Like you, Casual Clips' greatest concern is the well-being of your pet. There are inherent risks any time anesthetics and sedatives are administered. The utmost care will be taken to try to avoid any complications but not all complications can be foreseen. Animals that require frequent sedation for procedures (such as grooming, bathing, etc.) may be required to have periodic blood screening to assure kidney and liver health.

I, \_\_\_\_\_ the owner of \_\_\_\_\_, understand the risks of anesthesia and/or sedation and will not hold Casual Clips Pet Grooming responsible for unforeseen complications.

Name of Veterinarian \_\_\_\_\_

Phone \_\_\_\_\_

Signature of owner \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Date \_\_\_\_\_