Thank you for taking an interest in having your pet groomed by Lawrence County Career and Technical Centers’ Veterinary Assistant students. The following information is to let you know what will be happening to your pet during the day and the requirements you must follow to have your pet worked on by us.

 The tasks that the students can perform are basic grooming techniques such as bathing, nail trims, and hair mat removal/shaving, anal glands, basic ear cleaning, brushing teeth, overall health check. You will need to initial the line on the owner consent form page to which task you will like to have completed.

 The dog must be friendly and get along with other animals to be able to come into school.

 You are responsible to have your pet’s current Rabies certificate turned into the school to bring your pet in. The school’s fax number is (724) 658-8530 Attn: Vet Assistant. You will receive a reminder call from one of the students in the program the day before your scheduled appointment.

Thank you for this chance to serve you.

Ariel Yanak CVT

Veterinary Assistant Instructor

*I understand that the school is not a professional grooming parlor and that the students working on my animal are in training. I understand that the teacher of the Veterinary Assistant Program will use their best judgment when caring for my pet. I will not hold Lawrence County Career and Technical Center reliable for any accidents or injuries that occur to my animals.*

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

**Owner Consent Form for Grooming/Nail Trims**

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F MN FS

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of Vaccination History\_\_\_\_\_\_\_\_\_\_ (I strongly recommend DHLPP and Bordetella)

(Provide copy of documentation. School fax number: 724-658-8530)

I agree to allow the students of the LCCTC to use my pet for the purposes of practicing:

Nail Trims Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Grooming Procedures Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

 It is the responsibility of the owner to provide transportation to and from the school for the animal.

Initial: \_\_\_\_\_\_\_\_\_\_

In case of an accident or injury, I do not hold LCCTC responsible.

Initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner

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