

GROOMING CONSENT FORM

OWNER: <contact> <client>

Client No. <number>

Street : <address>

City: <city>

State: <st>

Zip: <zip>

Home Phone: <phone>

Daytime Phone: <business>

Cell Number: <cell-phone>

Is the above information correct? _____ **(Please Initial)**

ANIMAL: <animal>

Species: <species>

Breed: <breed>

Age: <age>

Sex: <sex>

Today's Weight _____

Description of Groom:

Grooming fee automatically includes the bath, nail trim, anal gland expression, ear cleansing and plucking of ear hair (if applicable)

Groom: Cut out Matts or Lion Cut (Cats) _____

Groom: With description or same as before (Dogs) _____

Additional services available: (please mark with an "X")

____ Nail *Grind* (no additional cost) _____ Brush Teeth(\$10.83 additional cost)

Does your pet need to be updated on vaccines or did you bring new verification so he/she can be groomed/boarded here: _____

Do you need any medications refilled? Yes No

If yes, please list the medication(s) needed: _____

Do you allow treatment if health abnormalities are found? _____

ANY PET REMAINING IN THE HOSPITAL FOR BOARDING, MEDICAL CARE, OR GROOMING:

I understand my pet **must have current vaccinations and parasite screening constant with the protocols of CCAH.** If needed, <animal> will be examined for external and internal parasites, treated for these parasites, and vaccinated at my expense, as determined by the medical record or the examination. **Any pet with fleas will be given a Capstar tablet to eliminate this pest (\$7.70 for cats and dogs from 2-25 lbs; \$7.98 for dogs over 25 lbs).** **Please initial** _____

I HAVE READ, UNDERSTAND AND AGREE WITH THIS AUTHORIZATION AND CONSENT.

X _____
Signature of Owner/Agent

X _____
Print Name

X _____
Primary Contact Phone #

In case of an emergency and I cannot be reached, please contact:

Name of Emergency contact

Emergency Phone No.(s)

****We will call @ the phone number provided when <animal> is ready to go home****