Grooming Form
Grooming is done by an Independent Groomer

Owners or Agents Name: _____

Pets Name: _____ Age: _____

Breed: _____ Male ____ Female_____ N/S _____

Phone Number to reach you at today: _____

Please describe in detail your Grooming requests: _____

Face: _____

Body: _____

Legs: _____

Tail: _____

Are there any health issues we need to be aware of? Y N (IF YES PLEASE LIST THEM)

_____

Is pet aggressive Y - N **Comment: _____**

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR RABIES VACCINATION, A VACCINATION EXAM WILL BE CHARGED FOR ANY PET REQUIRING A RABIES VACCINE.

ANY ANIMAL FOUND TO HAVE FLEAS OR TICKS WILL BE TREATED AT THE OWNER'S EXPENSE.

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 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. If your pet is severely tangled or matted, it is at greater risk of injury, stress and trauma. All precautions will be taken. However, problems occasionally arise, such as cuts, nicks, clipper irritation and mental or physical stress. In the best interest of your pet, we request your permission to obtain immediate veterinary treatment should it become necessary. I release Victoria Park Animal Hospital and its staff from any and all claims, damages, liability, accident, illness and injury. I further acknowledge that I am completely responsible for the actions of myself and my pet.

I hereby grant permission to VPAH to obtain emergency veterinary treatment for my pet at my expense. I have read and understand this agreement. We do not accept checks!!

Signature _____ Date: _____

Tips are greatly appreciated...

For Groomer Only:
Blade#
Cut
Comments
$