

Client ID:
Client Name:

Patient ID:
Name:

GROOMING RELEASE

Thank you for choosing East Dallas Veterinary Clinic for the care and grooming of your pet. Please take a few minutes to answer some important questions that will help provide the level of service you expect.

1) Please select which of the grooming services you are requesting for your pet.

<u>Grooming Services</u>	<u>Grooming Add-Ons</u>
<input type="checkbox"/> Regular Bath -Bath and Brush Out Only	<input type="checkbox"/> De-mat (\$9.45 per 15 minutes)
<input type="checkbox"/> The Works Bath -Bath -Brush Out -Anal Gland Expression -Nail Trim -Ear Cleaning	<input type="checkbox"/> De-shed (\$17.33 to \$27.83)
<input type="checkbox"/> Full Service Groom -Bath the Works -Haircut	<input type="checkbox"/> Soft-claws application (\$17.33 to \$27.83)
	<input type="checkbox"/> Toothbrushing (\$12.08)
	<input type="checkbox"/> Dremel Nails (\$26.78)

Same Instructions as Last Time? Yes No

Special instructions for groomer

2) Does your pet require any veterinary services while here today? If so describe:

3) Please list any items left with pet(s)

4) Pets left for grooming will be ready for pick-up after 5:00 pm unless other arrangements have been made.

5) Where can we reach you (or your authorized agent) today if needed?

DESIRED TIME OF PICK UP – PLEASE CIRCLE 12PM 1PM 2PM 3PM 4PM 5PM AS SOON AS POSSIBLE

In case of illness or injury, I the undersigned, do hereby give my consent for the veterinarian(s) of East Dallas Veterinary Clinic (the Hospital) to treat, prescribe for, or operate upon my pet(s) while they are being groomed at the Hospital. I understand that every effort will be made to contact me prior to any procedures being performed but emergency and/or necessary treatment will not be withheld if contact is not made. Any pet(s) not currently vaccinated (including Bordetella for dogs) or that is infected with parasites (including fleas and ticks) will be treated at an additional expense. The Hospital is to use all reasonable precautions against illness, injury or escape of my pet(s), but the Hospital will not be held liable for care or treatment that are beyond its control. I agree to allow my pet(s) previous records to be release as needed for my pet(s) stay at the Hospital.

Owner assumes responsibility for loss of and/or damage to all items (leashes, toys, towels, etc.) left with their pet(s).

Signature of Owner or Authorized Agent

Date