GROOMING CONSENT FORM

OWNER: <contact> <client></client></contact>			Client No.	Client No. <number></number>		
Street : <address></address>	City: <city> Business/Daytime Phone: <busine< th=""><th>State: <st></st></th><th>Zip: <zip></zip></th><th></th></busine<></city>		State: <st></st>	Zip: <zip></zip>		
Home Phone: <phone></phone>	Business/Da	=		Cell Number: <cell-phone> ation correct?</cell-phone>		
ANIMAL: <anima< th=""><th>l></th><th></th><th></th><th></th><th></th></anima<>	l>					
Species: <species></species>	Breed: <breed></breed>	Age: <age></age>	Sex: <sex></sex>	Today's Weight		
Description of C	croom ∙ □ bv	Anita 🗆 b	v Mendv			
Grooming fee automatic Grooming fee automatic Same as last gro Full body shave	cally includes the bath, include	nail trim, anal gland	expression, ear clo	eansing and plucking of ear h	air (if applicable)	
Additional services Nail Grind pref Brush teeth (\$1	erred (no additional		")			
Please list any ad	ldition services to	o be performea	l while <anir< td=""><td>nal> is here today (if</td><td>applicable):</td></anir<>	nal> is here today (if	applicable):	
also acknowledge the Do you need any If yes, please		led? □ Yes [⊐ No	for this animal.	_(Please Initial)	
II yes, pieds	e list the incurcation					
I understand my pet n external and internal j	nust have current va parasites, treated for the tion. Any pet with flue	ccinations and pa hese parasites, and eas will be given a	rasite screening vaccinated at m	MEDICAL CARE, OR g. If needed, <animal> will y expense, as determined b to eliminate this pest (\$7 (</animal>	be examined for by the medical	
I HAVE READ,	UNDERSTAND A	AND AGREE W	ITH THIS AU	THORIZATION AND	O CONSENT.	
Χ		X		Χ		
Signature of (Prin	t Name	Primary Con	tact Phone #	
In case of an emer	gency and I canno	t be reached, ple	ease contact:			
Name of Em	ergency contact			Emergency Phone No.(s))	
** <u>We will c</u> al	<u>l @ the phone</u> n	umber provid	led when <a< td=""><td>nimal> is ready to</td><td>go home**</td></a<>	nimal> is ready to	go home**	

Date:_____

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