	CRITTER CARE ANIMAL HOSPITAL			Date:
	<i>G</i> R	OOMING CONSE	NT FORM	
OWNER:			Client No).
Street:		City:	State:	Zip:
Home Phone:	Day	Daytime Phone: Cell Number:		
	Is	the above inform	nation correct	? (Please Initial
ANIMAL:				
Species:	Breed:	Age:	Sex:	Today's Weight
<u>Description</u>	of Groom:			
Grooming fee autom	atically includes the bath, na	il trim, anal gland express	sion, ear cleansing a	and plucking of ear hair (if applicable)
Groom: Cut out	Matts or Lion Cut (Cats)		
Groom: With a	description or same o	as before (Dogs)_		
Medicated Does your pet be groomed/be Do you need If yes, ple	at conditioner (\$3.60 d shampoo (\$10.98 in need to be updated to arded here: any medications recase list the medication(streatment if health	addition to cost o on vaccines or did efilled? Yes s) needed:	you bring ne	
I understand my peneeded, <animal> expense, as determeliminate this pes</animal>	et must have current vace will be examined for exter tined by the medical record t (\$7.70 for cats and dogs)	cinations and parasite rnal and internal parasit or the examination. A from 2-25 lbs; \$7.98 fo	es, treated for the ny pet with fleas or dogs over 25 lb.	CAL CARE, OR GROOMING: ant with the protocols of CCAH. If se parasites, and vaccinated at my will be given a Capstar tablet to s). Please initial
Sianature	X of Owner/Agent	Print Nam	 e	XPrimary Contact Phone #
2.3				, , , , , , , , , , , , , , , , , , , ,
In case of an em	nergency and I cannot	be reached, please of	contact:	
Name of	Name of Emergency contact Emergency Phone No.(s)			

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