***\*\*\*I understand that I must provide a phone number where the groomer can reach me with any questions. If I cannot be reached or do not return the call within an hour, I further agree that the grooming may be delayed or rescheduled\*\*\****

**Grooming Release**

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Pet's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bath, nail trim, and ear cleaning are included in the grooming. Please specify if you do not want any

of these procedures done or if you have any special instructions or medications.

**\*Please note that when a double coated dog is shaved, his/her hair may grow back unevenly. \***

Length desired and grooming details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Circle the Following Options**

Bows/Scarf: YES / NO

Perfume/Cologne: YES / NO

 (Baby Powder, Marshmallow, Sugar Cookie, Giorgio, Drakkar, Polo, CK1)

**I would like the following additional procedures performed while here for grooming:**

 Anal Glands external (There is an extra charge for internal expression by a Tech)

 Teeth Brushed $5.00 Medicated/Oatmeal Shampoo $5.00
 Conditioner $5.00

 Other:

**Update Vaccines if needed** (initial)

To prevent the spread of infectious diseases and parasites, hospitalized, boarded and grooming animals must be current on all vaccines and free of internal and external parasites. I authorize Pfister Animal Hospital to provide vaccinations as needed for my pet if proof of vaccines is not provided upon arrival.

DOGS- Rabies/Distemper/Parvo/Corona/Bordetella/Fecal Exam with negative result and Heartworm Test.

CATS- Rabies/Feline Distemper/Fecal Exam with negative result.

I understand that all fees incurred will be due upon dismissal of my pet from the hospital unless other arrangements have been made **in advance**. We will gladly provide you with a written estimate if you desire.

Please provide a written estimate\_\_\_\_\_\_\_\_\_\_

A written estimate is not necessary\_\_\_\_\_\_\_\_\_\_

I authorize Pfister Animal Hospital and it's staff to provide grooming services stated here.

Client Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_