

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. WHEN DOUBLE COATED DOGS ARE SHAVED, COATS MAY GROW BACK DIFFERENTLY.

Length desired and grooming details:

Please Circle the Following Options

Bows/Scarf : yes / no

Perfume/Cologne: yes / no

(Baby Powder, Marshmallow, Sugar Plum Forest, Cranberry Mint, Sugar Cookie, Gingerbread, Cinnamon Spice, Apple Spice, Georgio, Drakkar, Polo, CK1)

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

____ Vaccines

____ Anal Glands (internal / external)

____ Teeth Brushed ____ Medicated/Oatmeal Shampoo ____ Conditioner

____ Other:

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/Bordetella/Parasite (negative)

[] Vaccines Current [] Need to update Vaccines

CATS- Rabies/Feline Distemper/Parasite (negative)

[] Vaccines Current [] Need to update Vaccines

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 _____