



1379 S Voss Rd, Suite E  
Houston, TX 77057  
(713) 304-0525

## GROOMING FORM

To better enhance your pets experience with us, please complete this form in advance.  
If you have any questions, please feel free to call us at [713-304-0525](tel:713-304-0525).

Owner's Name: \* \_\_\_\_\_

Phone: \* \_\_\_\_\_ Email: \* \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

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

### Grooming Instructions

#### Grooming Choice\*

- Full Groom (Includes customizable haircut, shampoo and blow dry, brush out, trimming nails, cleaning ears, plucking ear hair, anal gland expression, shaving pads and shaving sanitary area.)
- Premium Bath & Brush (Includes shampoo and blow dry, brush out, trimming hair around feet and head, trimming nails, cleaning ears, anal gland expression, cleaning around eyes and shaving sanitary area.)

#### Special Instructions

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#### Add-On Options:

- Tooth Brushing and Breath Freshener (Helps with bad breath and dental hygiene.)
- Nail Dremeling (Makes nails smoother and shorter.)
- Specialty Shampoo (Such as hypoallergenic, flea and tick, oatmeal, whitening or medicated.)
- Deep Coat Conditioner (Enhances shine and manageability of coat while improving dry skin.)
- De-matting & Brush-outs (Additional de-matting fees apply.)
- Furminator (Additional fees apply.)

Any previous aggression towards groomers? \*  Yes  No

*If yes, please explain\**

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Do you give permission for any pictures taken during your pets stay to be used on our social media/website? \*

Yes  No

## Medical Information

Does your pet have any known medical issues? \*

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Does your pet take any medications? \*

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Please provide any additional information we should know about your pet regarding grooming:

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If your pet is being examined by the doctor during this stay, please briefly explain the reason for the exam (ie vaccine boosters, recheck, new illness)

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## Grooming Policies & Procedures

*Please review our grooming policies and procedures, then consent.*

### Admission / Discharge\*

I understand that it is Memorial Veterinary Clinics policy to not leave my pets collar or leash at the clinic during admission. I will not hold Memorial Veterinary Clinic liable in the event that these items become lost or damaged. I understand that my pet will be available for pick up after 4pm. Should my pet's services be completed earlier, Memorial Veterinary Clinic will contact me. I understand that if I cannot pick up my pet prior to closing hours, I may be subject to an overnight reservation fee.

Initial: \_\_\_\_\_

### Vaccinations & Flea Protection\*

I understand my pets must have a current physical exam and be up-to-date on the following vaccinations/testing: distemper, parvovirus, leptospirosis, rabies, and bordetella (kennel cough). For canine influenza (H3N2 and H3N8) vaccines and fecals (intestinal parasite exam), it is highly encouraged for your pets to be current on those. If my pet has been vaccinated at another hospital or clinic, I understand the hospital MUST receive a copy of my pet's vaccine records BEFORE any grooming reservations are made. Should I opt NOT to receive reminders from the hospital, I understand that I am responsible for keeping up with these requirements, as some veterinary clinics require boosters and/or fecal analyses at different times. The hospital follows the AAHA guidelines and requires that all dogs in group housing environments be vaccinated against kennel cough (bordetella) annually as they are considered "high risk." If parasites are found on my pet(s) during its stay, they will be treated as Memorial Veterinary Clinic determines, and the cost of the treatments will be added to the total bill.

Initial: \_\_\_\_\_

**Health/Sickness/Incidents While Grooming\***

I understand that grooming can be stressful to some pets and I will inform the groomer if my pet has any heart conditions or any stress related issues prior to grooming. I understand that there are some risks involved with grooming. If an emergency should arise, the hospital will do their best to contact me, but in the event they cannot reach me immediately, I authorize the hospital to provide any medical treatment recommended by a veterinarian. If I cannot be reached immediately and care is needed, I agree to reimburse the hospital for all expenses incurred due to such an event. I understand that in a non-emergency situation, my pet will not be seen by a veterinarian, unless I have been contacted at my emergency number for prior approval.

Initial: \_\_\_\_\_

**Coat Condition\***

I understand that the hospital puts my pet’s comfort above all else. In the event that my pet’s coat is extremely matted, I understand that the groomer may have to shave the matts out rather than perform a painful dematting procedure. I also understand that if my pet is severely matted, that there is an increased risk for clipper burn or cuts to occur. I understand that all attempts will be made to prevent this, however in many extreme matting conditions, it is unavoidable. I also understand that matted pets take additional time to groom so there will be an additional fee added on the regular grooming price. I further understand that if I cannot be contacted and there are questions about how to groom the pet, the groomer will perform a premium bath and brush.

Initial: \_\_\_\_\_

**Fearful / Stressed Animals—Refusal of Services\***

Pets that require muzzling or extra staff to help manage may be subject to a higher than standard grooming rate, as pets displaying aggression or acute nervousness take much longer to groom. Should the veterinarian recommend medications for treatment or handling, I give my permission that Memorial Veterinary Clinic may administer sedation medication. I understand that I will be responsible for all medication charges at the time of pick-up. I further understand that Memorial Veterinary Clinic has the right to refuse any services at any time. In the event that my pet is too stressed or becomes dangerous to groom, Memorial Veterinary Clinic has the right to refuse grooming services, stop grooming services, or cancel grooming services at any time before, during, or after grooming and I will be charged a grooming fee (for what was done up until that point).

Initial: \_\_\_\_\_

**No shows & Cancellations\***

If you must cancel or reschedule your appointment, please do so by 8am the morning of the scheduled appointment. No shows, last minute cancellations (less than 24 hours notice) or continual rescheduling are subject to a fee which will be added to your next appointment.

Initial: \_\_\_\_\_

I hereby consent and authorize the hospital to receive and groom my pet(s). The staff at Memorial Veterinary Clinic are to use all reasonable precautions against illness, injury, or escape of my pet(s) and will not be liable or responsible in any matter whatsoever, under any circumstances, on account of the care, treatment, or safekeeping of my pet(s), as it is thoroughly understood that I assume all risks. I hereby certify that I have read and fully understand this authorization for grooming my pet at the hospital, and I assume financial responsibility for all charges incurred to the above pet(s) and agree to pay all such charges at the completion of this stay. I have read and agree to the policies and procedures for grooming and have verified all information listed above.\*

Initial: \_\_\_\_\_

Signature: \_\_\_\_\_

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