

## GROOMING FORM

OWNER'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

TODAY'S CONTACT NUMBER(S): (Primary) \_\_\_\_\_

(Alternate) \_\_\_\_\_

**TYPE OF GROOM:**

- Full Groom** – customizable haircut, shampoo, blow dry, brush out, nail trim, ear cleaning & plucking, anal gland expression, shaving of paw pads, and sanitary area shave.
- Premium Bath & Brush** – shampoo, blow dry, brush out, nail trim, ear cleaning & plucking, anal gland expression, shaving, sanitary area shave, and trimming hair around feet and head.
- Standard Bath** – shampoo, blow dry, brush out, nail trim, ear cleaning & plucking, and anal gland expression.

Special Grooming Instructions: \_\_\_\_\_  
\_\_\_\_\_**ADD-ON OPTIONS:** *Additional fees apply.*

- Tooth Brushing & Breath Freshener** – helps with bad breath and dental hygiene.
- Nail Dremel** – a type of buffing that makes nails smoother and shorter.
- Specialty Shampoo** – hypoallergenic, flea & tick, oatmeal, whitening, or medicated. *(please circle)*
- Deep Coat Conditioner** – enhances shine and manageability of the coat while improving dry skin.
- De-Matting & Brush-Outs** – additional de-matting fees depend on severity.
- Furminator** – de-shedding to remove loose dead undercoats and reduce at-home shedding.

**BACKGROUND:**Does your pet have any history of aggression towards groomers?  Yes  No (check one)

If yes, please explain: \_\_\_\_\_

Does your pet have any pre-existing health issues that might affect your service today?  Yes  No (check one)

If yes, please explain: \_\_\_\_\_

**GROOMING POLICIES & PROCEDURES:** *Please review and initial.***Admission/Discharge**

Memorial Veterinary Clinic's policy is to take my pet's collar, leash, and belongings with me during admission. I will not hold Memorial Veterinary Clinic liable if these items become lost or damaged. I understand that my pet will be ready for pickup after 4 p.m. Should my pet's services be completed earlier, Memorial Veterinary Clinic will contact me. I understand I may be subject to an overnight reservation fee if I cannot pick up my pet before closing hours.

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

**Vaccinations & Flea Protection**

I understand my pets must have a current physical exam and are up-to-date on the following vaccinations: distemper/parvovirus, leptospirosis, rabies, and Bordetella (kennel cough). The hospital follows the AAHA guidelines and requires all dogs in group housing environments to be vaccinated annually against kennel cough (Bordetella) as they are considered "high risk." If fleas 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 for some pets, and I will inform the groomer if my pet has any heart conditions or any stress-related issues before grooming. I understand that there are some risks involved with grooming. If an emergency should arise, the hospital will do its best to contact me. Still, if they cannot reach me immediately, I authorize the hospital to provide any medical treatment recommended by a veterinarian. If Memorial Veterinary Clinic cannot reach me immediately and care is needed, I agree to reimburse the hospital for all expenses incurred due to such an event. I understand that a veterinarian will not see my pet unless I have discussed prior approval in a non-emergency situation.

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

**Coat Condition**

I understand that the hospital puts my pet's comfort above all else. If my pet's coat is extremely matted, I understand that the groomer may have to shave the mats out rather than perform a painful de-matting procedure. I understand that all attempts will be made to prevent this; however, it is unavoidable in many extreme matting conditions. I also understand that matted pets take additional time to groom, so an additional fee will be added to 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 to alleviate stress for my pet, I give my permission to Memorial Veterinary Clinic to administer sedation medication. I understand that I will be responsible for all medication charges at the time of pick-up. I know that Memorial Veterinary Clinic has the right to refuse any services. If 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, and I will be charged a grooming fee (for what was done up until that point).

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

**Authorization**

I 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 accept financial responsibility for all charges incurred to the above pet(s) and agree to pay all such charges after this stay. I have read and agree to the policies and procedures for grooming and have verified all information listed above.

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

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