

PET DOCTORS VETERINARY CLINIC and GROOMING CENTER

Diversion Road, Brgy. San Miguel, Calasiao, Pangasinan

GROOMING ADMISSION AND CONSENT FORM

Grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. In the best interest for your pet, we request your permission to obtain immediate veterinary treatment should it become necessary. If your pet needs medical attention we will contact your number that was given to us on admission. If we are unable to contact you, your pet will be treated, as we deem necessary at normal clinic fees. If your pet is currently on medication, please inform us.

GROOMING TYPE: _____ ☐ First Time	<u>MEDICAL CONDITION(S) OBSERVED:</u> (To be fill-up by VET)
SPECIAL REQUESTS: _____	BEFORE:
OWNER'S SIGNATURE: _____	Eyes: _____
Weight: _____	Ears: _____
vaccine: _____	Gums: _____
deworm: _____	Tick/Flea: _____
anti tick & flea: _____	Skin/Coat: _____
GROOMER	Dewclaw: _____
	Others: _____
	Note/ Concern: _____
	Texted: ☐ Paid: ☐ Unpaid: ☐
	RECEIVED BY

DATE: _____

OWNER'S NAME: Janine Doria **CONTACT NO.:** 0906 364 2852

PET'S NAME: Eclair **BREED:** Shih Tzu **SEX:** M

COLOR/MARKINGS: Liver **SPECIES:** ☒ Canine ☐ Feline

I am the owner/assent of the above described pet and I have read and understand the clinic policies and procedures outlined above. I give consent for the grooming for Pet Doctors Veterinary Clinic to obtain emergency treatment for my pet if necessary. I assume full financial responsibility for all changes and service incurred for my pet.

SIGNED: _____ **DATE:** _____

RELEASE FORM:

I, _____ fully aware that my pet has been examined by attending veterinarian before and after grooming, therefore I hereby acknowledged that my pet, _____ was released in a good condition, I am also aware that if any medical condition observed by the vet concerning my pet have been explained to me as well as the treatment options.

OWNER'S SIGNATURE

VET SIGNATURE