

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: _____ <input type="checkbox"/> <u>First Time</u>	MEDICAL CONDITION(S) OBSERVED: <i>(To be fill-up by VET)</i>	
SPECIAL REQUESTS: _____	BEFORE: Eyes: _____ Ears: _____ Gums: _____ Tick/Flea: _____ Skin/Coat: _____ Dewclaw: _____ Others: _____ Note/ Concern: _____	AFTER: Eyes: _____ Ears: _____ Gums: _____ Tick/Flea: _____ Skin/Coat: _____ Others: _____
OWNER'S SIGNATURE: _____	GROOMER	Texted: <input type="checkbox"/> Paid: <input type="checkbox"/> Unpaid: <input type="checkbox"/>
Weight: _____	RECEIVED BY	

DATE: _____

OWNER'S NAME: Jashan Singh **CONTACT NO.:** 09198506825

PET'S NAME: Roxie **BREED:** _____ **SEX:** _____

COLOR/MARKINGS: _____

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 charges and service incurred for my pet.

SIGNED: J.S.

DATE: 22 SEP 2025

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

Doc EPOY
VET SIGNATURE