

PETDOCTORS ANIMAL CLINIC
Barracks Highway, Bonuan Boquig, Dagupan City

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: <u>Basic</u> First Time SPECIAL REQUESTS: _____ OWNER'S SIGNATURE: <u>[Signature]</u> Weight: _____ vaccine: _____ deworm: _____ anti tick & flea: _____ GROOMER	<u>MEDICAL CONDITION(S) OBSERVED:</u> <i>(To be fill-up by VET)</i> <table style="width: 100%;"><tr><td style="width: 50%;">BEFORE:</td><td style="width: 50%;">AFTER:</td></tr><tr><td>Eyes: _____</td><td>Eyes: _____</td></tr><tr><td>Ears: _____</td><td>Ears: _____</td></tr><tr><td>Gums: _____</td><td>Gums: _____</td></tr><tr><td>Tick/Flea: _____</td><td>Tick/Flea: _____</td></tr><tr><td>Skin/Coat: _____</td><td>Skin/Coat: _____</td></tr><tr><td>Dewclaw: _____</td><td></td></tr><tr><td>Others: _____</td><td>Others: _____</td></tr><tr><td colspan="2">Note/ Concern: _____</td></tr></table> Texted: ☐ Paid: ☐ Unpaid: ☐ _____ RECEIVED BY	BEFORE:	AFTER:	Eyes: _____	Eyes: _____	Ears: _____	Ears: _____	Gums: _____	Gums: _____	Tick/Flea: _____	Tick/Flea: _____	Skin/Coat: _____	Skin/Coat: _____	Dewclaw: _____		Others: _____	Others: _____	Note/ Concern: _____	
BEFORE:	AFTER:																		
Eyes: _____	Eyes: _____																		
Ears: _____	Ears: _____																		
Gums: _____	Gums: _____																		
Tick/Flea: _____	Tick/Flea: _____																		
Skin/Coat: _____	Skin/Coat: _____																		
Dewclaw: _____																			
Others: _____	Others: _____																		
Note/ Concern: _____																			

DATE: _____

OWNER'S NAME: MAURICE GARCIA **CONTACT NO.:** 0939 922 7590

PET'S NAME: PUPP **BREED:** CHRISTIAN **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 PetDoctors Animal 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: [Signature]

DATE: 11 001 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.

[Signature]
OWNER'S SIGNATURE

Dr. Epoy
VET SIGNATURE