

GROOMING RELEASE

Date: _____ Arrival Time: _____ PickUp Time: _____

Client ID: _____ Client Name: _____ Address: _____ Telephone: _____	Patient ID: _____ Boarder: _____ Species: _____ Breed: _____ Sex: _____ Color: _____ Markings: _____ Weight: _____ Birth Date: _____
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Owner authorizes the following Services/Vaccinations DURING STAY: _____

(initials)

DUE DATE: Rabies _____ **Distemper** _____ **Bordetella – 6 month vaccination** _____ **HWT** _____

Has your pet had previous baths or grooms at Village Veterinary Clinic? initial _____ Yes _____ No _____

BATH ONLY (includes, bath, toe-nail trim, & external anal gland expression) initial _____ Yes _____ No _____

GROOM (includes hair-cut, bath, toe-nail rim, & external anal gland expression) initial _____ Yes _____ No _____

Internal anal gland expression - (additional cost) \$ _____ initial _____ Yes _____ No _____

Specific instructions:

Quoted prices start on a base rate with additional fees for coat condition, frequency of grooming, dog's personality (behavior), hair length, body weight, pets requiring additional handling/sedation, etc., and time spent.

*You pet may spend the majority of the day with us depending on the groomers schedule.
You will be called by your pet's groomer when ready to go home.
If your pet has not been picked up by 5:30 PM, you will be charged for overnight boarding.*

I have previously read the boarding requirements and understand Village Veterinary Clinic hospital's policies.

Emergency Contact Person: _____ **Phone:** _____

Signed by Owner/Agent Phone Date

We Do Not Monitor Animals After Hours