

**Village Veterinary Clinic**

3883 Constellation Road, LOMPOC CA 93436; 805.733.3548, fax 805.733.3540

email: [boarding@villagevet.us](mailto:boarding@villagevet.us)

**GROOMING RELEASE**

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ PickUp Time: \_\_\_\_\_

<b>Client ID:</b> _____	<b>Patient ID:</b> _____
Client Name: _____	Boarder: _____
Address: _____	Species: _____
_____	Breed: _____
_____	Sex: _____
Telephone: _____	Color: _____
_____	Markings: _____
_____	Weight: _____
_____	Birth Date: _____

**Owner authorizes the following Services/Vaccinations DURING STAY:** \_\_\_\_\_  
\_\_\_\_\_ (initials)

**DUE DATE: Rabies** \_\_\_\_\_ **Distemper** \_\_\_\_\_ **Bordetella – 6 month (K9 only)** \_\_\_\_\_

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.

*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**