Village Veterinary Clinic
3883 Constellation Road, LOMPOC CA 93436; 805.733.3548, fax 805.733.3540
email: boarding@villagevet.us

GROOMING RELEASE

Date:_____**Arrival Time:**_____**PickUp Time:**_____

Client ID: _____ Patient ID: _____

Client Name: _____ Boarder: _____

Address: _____ Species: _____

_____ Breed: _____

_____ Sex: _____

Telephone: _____ Color: _____

_____ Markings: _____

_____ Weight: _____

_____ Birth Date: _____

Owner authorizes the following Services/Vaccinations DURING STAY:_____

_____

DUE DATE: Rabies _____ **Distemper** _____ **Bordetella – 6 month** *(K9 only)* _____**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.

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