

GROOMING RELEASE

Name: _____ **Pets Name:** _____

Thank you for choosing East Dallas Veterinary Clinic for the care and grooming of your pet. Please take a few minutes to answer some important questions that will help provide you the level of service you expect.

- 1) Is your pet current on vaccination? Yes No
If you are not a client of our Clinic, did you bring proof of vaccination, including Bordetella? Yes No
If you do not have proof of vaccination, including Bordetella, please provide us with the name and telephone number of your current veterinarian so we may confirm vaccination status.
- 2) If your pet is not currently vaccinated they will need to be vaccinated at your expense prior to being groomed, do you authorize us to vaccinate your pet? Yes No
- 3) Please check off the services that your pet(s) need.

Grooming Services	Veterinary Services
<input type="checkbox"/> Full Service Includes bath, nail trim, ear cleaning, anal gland expression, and trimming of feet, ears, and sani-shave in long haired dogs.	<input type="checkbox"/> Vaccinations
<input type="checkbox"/> Premium Service Includes all of the above and full body shave.	<input type="checkbox"/> Anal Gland Expression
Add-ons (extra charges apply)	<input type="checkbox"/> Dental exam/cleaning
<input type="checkbox"/> De-mat and brush	<input type="checkbox"/> Flea Control
<input type="checkbox"/> De-shed	<input type="checkbox"/> Microchip
<input type="checkbox"/> Sani-shave	<input type="checkbox"/> Ear cleaning/exam
<input type="checkbox"/> Soft-claws application	<input type="checkbox"/> Special exam for _____.
<input type="checkbox"/> Toothbrushing	

Other services: _____

- 4) Where can we reach you (or your authorized agent) in case of emergency? _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the veterinarian(s) of East Dallas Veterinary Clinic, PLLC (the Hospital) to treat, prescribe for, or operate upon my pet(s) while they are being boarded at the Hospital. I understand that every effort will be made to contact me prior to any procedures being performed but emergency and/or necessary treatment will not be withheld if contact is not made. Any pet(s) not currently vaccinated (including Bordetella for dogs) or the that is infested with parasites (including fleas and ticks) will be treated at an additional expense. The Hospital is to use all reasonable precautions against illness, injury or escape of my pet(s), but the Hospital will not be held liable for care or treatment that are beyond its control. I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital.

Pets left for grooming will be ready for pick-up after 3:00 PM unless other arrangements have been made. We do recommend you call before you come by the Clinic to verify grooming has been completed.

Signature of Owner or Authorized Agent

Date