

**East Dallas Veterinary Clinic
8541 Ferguson Road
Dallas, TX 75228
214-328-9935**

Owners Name: _____

Pets Name: _____

GROOMING RELEASE

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) Please check off the services your pet(s) needs.

Grooming Services	Veterinary Services
<p><input type="checkbox"/> Bath Includes bath, nail trim, ear cleaning, anal gland expression, and trimming of feet, ears, and sani-shave in long haired dogs.</p> <p><input type="checkbox"/> Haircut Includes all of the above and full body shave or haircut.</p> <p>Add-ons (extra charges apply)</p> <p><input type="checkbox"/> De-mat and brush (\$8 per 15 minutes)</p> <p><input type="checkbox"/> De-shed (\$15-\$25)</p> <p><input type="checkbox"/> Soft-claws application (\$15)</p> <p><input type="checkbox"/> Toothbrushing (\$10)</p>	<p><input type="checkbox"/> Vaccinations</p> <p><input type="checkbox"/> Anal Gland Expression</p> <p><input type="checkbox"/> Dental exam/cleaning</p> <p><input type="checkbox"/> Flea Control</p> <p><input type="checkbox"/> Microchip</p> <p><input type="checkbox"/> Ear cleaning/exam</p> <p><input type="checkbox"/> Special exam for _____.</p>

Special instructions for groomer _____

2) Please list any items left with pet(s) _____

3) Pets left for grooming will be ready for pick-up after 5:00 pm unless other arrangements have been made.

4) Where can we reach you (or your authorized agent) today if needed? _____

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 groomed 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 needed and beyond are control. I agree to allow my pet(s) previous records to be released as needed for my pet(s) stay at the Hospital.

Owner assumes responsibility for loss of and/or damage to all items (leashes, toys, towels, etc.) left with their pet(s).

Signature of Owner or Authorized Agent

Date