

**GROOMING AT TUSCAWILLA ANIMAL HOSPITAL**

Responsible Party's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number(s) where you can be reached today: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

I prefer to have my pet styled in the following way, but I understand that if he/she is UNRULY or suffers from a condition that would make it unreasonably uncomfortable this may not be possible.

1. Same as before (DO NOT check unless the groomer has done your pet before) \_\_\_\_\_
2. Do not take any length. Trim face, feet and tail (mini groom) \_\_\_\_\_
3. One length all over/Puppy Cut: 1/4" Left \_\_\_\_\_ 1/2" Left \_\_\_\_\_ 1" Left \_\_\_\_\_ Shaved \_\_\_\_\_
4. Pampered Pooch Package (includes, nail dremel and upgrade in shampoo & conditioner) \_\_\_\_\_
5. Cat: Bath/Brush/Sanitary trim \_\_\_\_\_ Shave down \_\_\_\_\_
6. I would like to receive a call (at the above number) from the Groomer to further discuss the style of my pet \_\_\_\_\_
7. Internal Anal Glands Expressed by Tech / Dr. (\$15) \_\_\_\_\_

Add'l Notes: \_\_\_\_\_

\_\_\_\_\_

**\*Please be aware that if your pet is matted there may also be a dematting fee of \$10 & UP**  
Matted coats & excessive undercoats cause a variety of health issues for your pet. Matted fur doesn't allow for air circulation and cause hot spots, bacterial & fungal infections and possible homes for parasites. Matted fur pulls & binds, causing your pet pain when they move and lay on their mats. Severely matted coats will need to be shaved. I am unable to brush out a coat that is severely matted due to stress and the pain that it will cause your pet. There's a chance your pet will become irritated during the shaving process. He/She may be nicked or cut due to working too closely to the skin. I assure you I will use great caution but the possibility of injury is there and I need you to be aware and allow me to proceed. The skin underneath may be raw & inflamed and may even require a Doctor to look at the skin and treat with medications. However, every effort will be used to contact you prior to the Doctor's exam. \_\_\_\_\_ (initial)

**Permission for Sedation if needed:**

You have my permission to have sedation administered by a veterinarian if necessary.

Yes \_\_\_\_\_ No \_\_\_\_\_ Call me prior to sedation \_\_\_\_\_

If the doctor recommends blood work for your pet prior to sedating, you have my permission to perform the test. Yes \_\_\_\_\_ No \_\_\_\_\_ Call me prior to testing \_\_\_\_\_

**Permission for Treatment if needed:**

Please write down any other examinations, treatments, or vaccines your pet will require today

\_\_\_\_\_

\_\_\_\_\_

Owner / Responsible party's signature: \_\_\_\_\_