

GROOMING AT TUSCAWILLA ANIMAL HOSPITAL

Responsible Party's Name: _____ Date: _____

Phone number(s) and email(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. (\$16) _____

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 to 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 Doctors 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 _____

Bloodwork can alert the Doctor to the presence of dehydration, anemia, infection, diabetes, kidney or liver disease, which could complicate sedating patient. 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 _____

I understand and accept the nature of the procedure(s), the risks involved and the potential complication. I consent to the performance of additional operations or procedures arising from unforeseen conditions if the doctors consider it necessary to help my pet in the course of the procedure. _____ (initial)

Permission for Treatment if needed:

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

Owner / Responsible party's signature: _____