

--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, just trim and even (mini groom) _____
3. One length all over/Puppy Cut: ¼" Left _____ ½" Left _____ 1" Left _____ Shaved _____
4. Pampered Pooch Package (includes, teeth brushing, nail dremel, upgrade in shampoo & conditioner for \$10) _____
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. (\$14) _____

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: _____