

PET MEDICAL CENTER AT APPLE TREE COVE



GROOMING ADMISSION FORM

Client Name: _____

Date: _____

Pet's Name: _____

Breed: _____

Contact Phone Number: _____

Services

- Bath & Brush: Includes a Hydrosurge® bath, blow dry and brush out; nails cut, anal glands expressed, ears cleaning and hair removal
- Bath & Tidy: Includes a Hydrosurge® bath, blow dry and brush out; feet trimmed, head shaped, sanitary cut (if needed), nails cut, anal glands expressed, ears cleaning and hair removal.
- Full Service Groom: Includes a Hydrosurge® bath, blow dry and brush out; hair cut as per breed guidelines or owners request, nails cut, anal glands expressed, ears cleaning and hair removal.
- Shed – Out: _____

Medical Conditions/Services

Does your pet have any medical conditions a doctor needs to examine? If yes, please give a brief explanation:

Occasionally, our groomer may note a possible health problem with your pet (i.e. ear infection, skin condition, flea allergy), if so, may we have permission to examine your pet?

- Yes No

Some pets are very difficult to groom. This makes it extremely hard for our groomer to give your pet a quality grooming. If this occurs, a member of our medical staff will contact you before proceeding with any grooming services.

Vaccine Policy:

All hospitalized animals must have a verifiable record of current vaccination. If not verifiable, vaccines will be administered at an additional charge. For your pet's safety, we highly recommend and encourage that all vaccines be current.

_____ Vaccines are current.

_____ I authorize Pet Medical Center to update the vaccines for my pet.

**SIGNATURE OF OWNER
OR OWNER'S REPRESENTATIVE:** _____

DATE: _____

PREPPED BY: _____