



Owner's Name: _____ Phone number for today: _____

Pet's Name: _____ Breed: _____

GROOMING SERVICES

Type of clip: _____

Special Instructions: _____

Additional Grooming Procedures (please check any options you wish to add):

- Flea/ Tick Shampoo
- Anal Glands Emptied
- Special Shampoo
- Dremel Toenail Filing
- Undercoat removal shampoo and conditioner
- Other - please specify: _____

NOTE: IF YOUR PET IS SHOWING SIGNS OF FLEAS OR TICKS THEY WILL BE TREATED IN THE MANNER THAT THE GROOMER FEELS IS NECESSARY

VETERINARY SERVICES

To protect your pet and other owners' pets, if your dog or cat is not up-to-date on their physical exam and the below vaccinations, we will perform the appropriate service while your pet is staying with us. All vaccines must be done with a physical exam by the veterinarian, and this charge will be added to the cost of the vaccine.

- CANINE: Distemper, Parvovirus, Kennel Cough, Rabies
- FELINE: Distemper, Rabies

If you are interested in having any of the below procedures performed while your pet is being groomed, please check the options listed.

- Complete physical examination by a veterinarian
 - Main Complaint: _____
- Canine Heartworm blood test
- Feline Leukemia test
- Stool sample analysis for intestinal parasites
- Vaccine(s)
 - List vaccine(s): _____

Does your pet get flea/tick preventative?

- Yes, topical
- Yes, oral
- No

If the groomer finds any abnormalities while being groomed, would you like us to:

- Examine your pet
- Call to discuss

Please read the following so that you understand our policies regarding the grooming of your pet and sign below:

If my dog or cat is heavily matted, I consent to and authorize Lutherville Animal Hospital to clip off all the hair if necessary. I understand that the groomer will use all precautions in clipping my pet. I am aware that because my dog or cat is badly matted, it may be clipper burned or cut in the grooming process. I agree not to hold Lutherville Animal Hospital responsible for any injury as a result of the grooming.

I have read the above and understand the hospital policies.

Signature: _____