

GROOMING

OWNERS NAME _____ PETS NAME _____ BREED _____

PHONE NUMBER WHERE I CAN BE REACHED TODAY _____

GROOMING

Type of clip _____

Special Instructions _____

ADDITIONAL GROOMING PROCEDURES - If you wish to have the procedure performed please check the option listed. The approximate ADDITIONAL COST if any, is listed to the right of the procedure.

Flea / Tick Shampoo \$ 8 - 10

Anal Glands Emptied \$ 11.00

Special Shampoo \$ 8 - 10

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

If you are interested in having any of the below procedures performed while your pet is being groomed, please check the options listed. For your information, please inquire with the staff in regards to pricing.

Complete physical examination by a veterinarian

Main Complaint _____

CANINE

Heartworm Blood Test

Stool sample analysis for intestinal parasites

FELINE

Feline Leukemia Test

Stool sample analysis for intestinal parasites

PLEASE NOTE IF USING FRONTLINE _____
OR VECTRA _____

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

Please ask the front desk for prices if needed.

Physical Exam _____

CANINE

- Distemper
- Parvovirus
- Kennel Cough
- Rabies

FELINE

- Distemper
- Rabies

If the groomer finds any abnormalities while being groomed, would you like the veterinarian to examine your pet, or would you like to be called first. Please check your choice.

OK TO EXAMINE

PLEASE CALL FIRST

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 _____