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:

I certify that I have disclosed all known medical, physical, or behavioral conditions of my pet, including aggression. I understand that grooming carries inherent risks including minor nicks, cuts, or stress.

I understand that severely matted coats require shaving, which can reveal pre-existing skin issues or cause irritation. I release Lutherville Animal Hospital and its groomer from liability for any adverse effects of this procedure.

If my pet's behavior becomes dangerous or is extremely stressed, I authorize the groomer to stop the service immediately. I agree to pay for the work performed up to that point if necessary.

In the event of an emergency or accident, I authorize Lutherville Animal Hospital to perform immediate veterinary care at my expense.

I agree to hold Lutherville Animal Hospital harmless from any claims or damages arising from the grooming of my pet, except in the case of gross negligence or willful misconduct.

I have read the above and understand the hospital policies.

Signature: _____

Date:_____