



Spring Meadow Grooming & Bathing Check-In Form Today's date: _____

Client/Owner Name: _____ Pet Name: _____

ALL dogs and cats must be free of fleas and ticks. If your pet has fleas or ticks, he/she will be treated at your expense.

Vaccination Information: All pets MUST be current on their vaccinations*. NO EXCEPTIONS.

*All Cats must be up to date on Rabies & FVRCP vaccinations. ALL Dogs must be up to date on Rabies, Bordetella & DHLPPC Vaccines.

No* Yes My pet has received his/her vaccinations ONLY at your facility. * If no, please fill out rest of this section

No Yes I have provided you with WRITTEN documentation of my pet's vaccinations from another vet.

Name of other vet: _____ Phone #: _____

Bathing ONLY (Please do not plan on picking up your pet until after 2PM to allow for drying time).

No Yes My pet needs to be bathed with a medicated shampoo. An additional fee of \$6 applies

No Yes I would like for my dog's anal glands to be expressed. An additional fee of \$12 applies

No Yes My dog has mats that I would like for you to shave off. An additional fee applies.

Grooming Instructions: (if your pet is being groomed the groomer will call you when your pet is ready to go home.)

**Grooming includes: Trim, Bath, Anal Gland expression, ear cleaning, & toe nail trim. **

How would you like your pet trimmed?

Face: Short / Long Other _____

Tail: Short / Long Other _____

Body: Short / Long Other _____

*I understand if it is not possible to do the trim requested, the groomer will do the best she can for my pet. _____
(Owner Initials)

Please check any other Medical Procedures your pet requires today? (Additional charges will apply.)

Vaccinations ___ Intestinal Parasite Exam ___ Heartworm Test ___ Ear Exam ___ Other _____

Treatment of Medical Conditions: If your pet requires a Doctor's attention due to conditions such as irritation to the skin, ear infections, etc., would you prefer to be contacted prior to any medical condition being treated?

[] Please contact me prior to treating my pet.

(An appointment may need to be scheduled if we cannot reach you during time of treatment.)

[] Please treat my pet as necessary; I am aware that additional charges will apply.

Sedation for Grooming: Some pets require sedation prior to grooming.

If your pet requires sedation, do you give our Doctors permission to sedate your pet? [] Yes** [] No

**If Yes: Procedures requiring sedation and/or anesthesia are always associated with a certain amount of risk, whether the patient is a person or a pet. Like you, we want to minimize that risk as much as possible. Some conditions may not, however, be evident on a physical exam. To better ensure your pet's safety during anesthesia, we recommend pre-anesthetic blood tests be performed. Most anesthetic drugs are removed from the body by the liver & kidneys; therefore, it is important that these organs are healthy.

**Any pet 7 years of age or older is required to have blood work completed prior to any sedative. **

[] My dog is UNDER the age of 7 but I would like to minimize the risk and have the blood test performed. (\$68)

[] My dog is UNDER the age of 7 but I DO NOT want the pre-anesthetic testing done prior to the sedation.

[] My dog is OVER the age of 7 and I understand that pre-anesthetic testing will be performed prior to sedation.

I understand that during the performance of the foregoing procedure, unforeseen conditions may be revealed that necessitate an extension of the procedure, or of different procedures than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that these charges will be paid for at the time of release. I hereby consent and authorize the performance of the procedure(s) listed above.

Signature of Owner _____ Emergency Phone #: _____