



# GROOMING/BATH CONSENT FORM

PET INFORMATION			
NAME OF PET:		<input type="checkbox"/> DOG <input type="checkbox"/> CAT	ACTUAL WEIGHT:
BREED:		COLOR:	AGE:
SEX ___F ___M	SPAY / NEUTER? ___Y ___N	DATE LAST VACCINATION: _____	
PET SIZE:			
<input type="checkbox"/> SMALL (↓15 Lbs)	<input type="checkbox"/> MEDIUM (16-30 Lbs)	<input type="checkbox"/> LARGE (31-50 Lbs)	<input type="checkbox"/> X-LARGE (51↑)

SERVICE REQUIRED: (Nails, Ears & Anal Glands Included in all bath/grooming services)			
<input type="checkbox"/> BATH:	<input type="checkbox"/> REGULAR <input type="checkbox"/> MEDICATED <input type="checkbox"/> FLEAS/TICK <input type="checkbox"/> DIP BATH <input type="checkbox"/> DESHEDDING ADD-ON		
<input type="checkbox"/> GROOMING:	<input type="checkbox"/> REGULAR CUT	<input type="checkbox"/> SHAVED CUT	<input type="checkbox"/> SPECIAL CUT <input type="checkbox"/> TRUE TO BREED
<input type="checkbox"/> VACCINES:	<input type="checkbox"/> RABIES <input type="checkbox"/> BORDETELLA <input type="checkbox"/> DHPP&V <input type="checkbox"/> FVRCP-C		
<b>IMPORTANT: MUST PROVIDE IN WRITING ANY GROOMING SPECIAL REQUEST</b>			

GROOMER 7POINT CHECK:	
<input type="checkbox"/> EARS <input type="checkbox"/> TEETH <input type="checkbox"/> EYES <input type="checkbox"/> SKIN <input type="checkbox"/> COAT <input type="checkbox"/> UNDER BELLY <input type="checkbox"/> PAWS	
ANAL GLAND EXPRESSED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:	
SEDATION/ANESTHESIA: <input type="checkbox"/> YES <input type="checkbox"/> NO	APPROVED BY OWNER: <input type="checkbox"/> YES <input type="checkbox"/> NO
PET RECEIVED BY:	OWNER CALLED BY:

OWNER'S INFORMATION:	
OWNER'S NAME:	ACCT #: _____
TELEPHONE NO.:	EMERGENCY CONTACT:

I AUTHORIZE MIAMI SPRINGS ANIMAL HOSPITAL, TO PERFORM THE SERVICES DESCRIBED HEREIN. BY SIGNING BELOW I ACKNOWLEDGE THAT IF MY PET IS BADLY MATTED AND/OR NON-COOPERATIVE THERE IS A POSSIBILITY THAT A MINOR CUT AND/OR INJURY MAY OCCUR. I AGREE THAT IF THE GROOMER FINDS THAT THE REQUESTED SERVICES ARE UNABLE TO BE PERFORMED COMPLETELY, THE GROOMER SHALL PERFORM THE SERVICES TO THE BEST OF HIS ABILITY. IF THE PET IS TOO AGGRESSIVE AND/OR COMPLICATED FOR THE SAFETY OF YOUR PET, SEDATION MAY BE REQUIRED. IN SUCH CASE, WE WILL CONTACT YOU TO REQUEST APPROVAL, IF YOU DO NOT RESPOND, THEN SERVICES CANNOT BE PERFORMED.

SIGNED BY OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*CASH GRATUITY ARE ALWAYS WELCOME FOR THE GROOMER\*\*\*\*