

Cardinal Animal Hospital, P.A. Grooming Consent Form

Owner's Name _____ Pet's Name _____ Date _____

****For your pet's protection we have a few requirements, all vaccines must be current. If not up-to-date or unable to verify, vaccines will be given at the owner's expense, and an exam will be required.**

****It is our hospital policy that pets must be free of external parasites. Any found to have fleas will be treated at the owner's expense.**

Grooming Includes:

Complete grooming of your pet includes a bath with our basic shampoo, trim/clip, brush out, blow dry, nail trim, external ear cleaning, & external anal gland expression.

****INTERNAL ANAL GLAND EXPRESSION IS PERFORMED BY A VETERINARY TECHNICIAN AND IS NOT INCLUDED IN THE GROOM FEE. THERE IS AN ADDITIONAL CHARGE FOR THIS PROCEDURE.**

GROOMING INSTRUCTIONS:

Would you like your pet to get either a complimentary bow or bandana? _____ Bow _____ Bandana _____ Neither

Would you like us to call when your pet is finished being groomed? _____ No _____ Yes Contact# _____

Signature _____ **Date** _____

GROOMER COMMENTS:

Groom:	\$ _____
Med/Flea Bath:	\$ _____
Aggressive Handling Fee:	\$ _____
Dematting Fee:	\$ _____
Nail Grinding:	\$ _____
Teeth Brushing:	_____
TOTAL:	\$ _____