



Rocky Hill
Animal Hospital

(865)691-8826

Patient Drop Off Form-Grooming 2018

Owners Name: _____ Pet's Name: _____

Best Phone # : _____ Alternative Phone # _____

Do you prefer text when services completed? YES ___ NO ___

Reason for Visit: Grooming + _____

Our records indicate your pet is due for the following:

_____ (_____) Initials for approval

or who to call for permission. Name: _____ Phone Number: _____

OPTIONAL SERVICES

- Nail Dremel \$9
- Teeth Brushing \$7
- Conditioner \$3-\$5
- Special Shampoo \$3-\$8
- Furminator
- Creative Color \$10+
- Pampered Pooch \$20

May we post your pet's photo on social media (ie Facebook, Instagram)? Yes ___ No ___

If necessary for grooming or medical care, do we have permission to sedate your pet?

Yes: ___ No: ___

Are there any problems your pet might have of which we should be aware?

To effectively diagnose and treat many conditions, diagnostics such as x-rays, blood work, and other procedures may need to be performed. We will notify you by phone, ask for your permission to treat, and provide an estimate before undertaking these diagnostics.

*I also authorize RHAH to dispense Capstar—a safe, proven flea control medication for an additional \$6.00 (under 25lbs) or \$7.50 (over 25lbs) if any evidence of a flea infestation is noted on my animal.

**I understand that late arrival fees will range from \$5 to \$15, and no-show fees will range from \$20 to \$35, depending on the breed and amount of time missed. I agree to pay these charges as assessed. For further details, please ask.

I HEREBY AUTHORIZE ROCKY HILL ANIMAL HOSPITAL, ITS DOCTORS, AND STAFF TO GIVE STANDARD AND ACCEPTED TREATMENT NECESSARY FOR THE WELL BEING OF MY PET. I AGREE TO BE RESPONSIBLE FOR ANY AND ALL COSTS INCURRED IN CONNECTION WITH ANY TREATMENT DURING A GROOMING VISIT. I UNDERSTAND ONLY THE MINIMUM DIAGNOSTICS AND/OR TREATMENT WILL BE ADMINISTERED TO MY PET UNTIL I CAN BE CONTACTED FOR DIRECT AUTHORIZATION.

Owner/ Agent Signature: _____ Date: _____