

**PET DOCTORS VETERINARY CLINIC and GROOMING CENTER**

**Diversion Road, Brgy. San Miguel, Calasiao, Pangasinan**

**GROOMING ADMISSION AND CONSENT FORM**

Grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. In the best interest for your pet, we request your permission to obtain immediate veterinary treatment should it become necessary. If your pet needs medical attention we will contact your number that was given to us on admission. If we are unable to contact you, your pet will be treated, as we deem necessary at normal clinic fees. If your pet is currently on medication, please inform us.

<b>GROOMING TYPE:</b> <u>Cumner cut</u> <input type="checkbox"/> First Time	<b>MEDICAL CONDITION(S) OBSERVED:</b> <i>(To be fill-up by VET)</i>
<b>SPECIAL REQUESTS:</b> _____	<b>BEFORE:</b> Eyes: _____ Ears: _____ Gums: _____ Tick/Flea: _____ Skin/Coat: _____ Dewclaw: _____ Others: _____ Note/ Concern: _____
<b>OWNER'S SIGNATURE:</b> <u>DARYKA G. CARLO</u>	<b>AFTER:</b> Eyes: _____ Ears: _____ Gums: _____ Tick/Flea: _____ Skin/Coat: _____ Others: _____
<b>Weight:</b> _____	<input type="checkbox"/> Texted: <input type="checkbox"/> Paid: <input type="checkbox"/> Unpaid: <input type="checkbox"/>
<b>vaccine:</b> _____	_____
<b>deworm:</b> _____	_____
<b>anti tick &amp; flea:</b> _____	_____
<b>GROOMER:</b> <u>Down / Ivan</u>	<b>RECEIVED BY</b> _____

**DATE:** T-22-26

**OWNER'S NAME:** DARYKA G. CARLO **CONTACT NO.:** 09383252179

**PET'S NAME:** JOY **BREED:** S' **SEX:** \_\_\_\_\_

**COLOR/MARKINGS:** \_\_\_\_\_ **SPECIES:**  Canine  Feline

I am the owner/assent of the above described pet and I have read and understand the clinic policies and procedures outlined above. I give consent for the grooming for Pet Doctors Veterinary Clinic to obtain emergency treatment for my pet if necessary. I assume full financial responsibility for all changes and service incurred for my pet.

**SIGNED:** [Signature] **DATE:** \_\_\_\_\_

**RELEASE FORM:**

I, \_\_\_\_\_ fully aware that my pet has been examined by attending veterinarian before and after grooming, therefore I hereby acknowledged that my pet, \_\_\_\_\_ was released in a good condition, I am also aware that if any medical condition observed by the vet concerning my pet have been explained to me as well as the treatment options.

\_\_\_\_\_ **OWNER'S SIGNATURE** Dr. Mikee **VET SIGNATURE**