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.

GROOMING TYPE: Summer cut ☐ First Time

SPECIAL REQUESTS: _____

OWNER'S SIGNATURE : RAQUEL MENDOZA

Weight: _____

vaccine: ____
deworm: ____
anti tick & flea: ____

Wesley / Ivan
GROOMER

MEDICAL CONDITION(S) OBSERVED:
(To be fill-up by VET)

BEFORE:	**AFTER:**
Eyes: _____	Eyes: _____
Ears: _____	Ears: _____
Gums: _____	Gums: _____
Tick/Flea: _____	Tick/Flea: _____
Skin/Coat: _____	Skin/Coat: _____
Dewclaw: _____	
Others: _____	Others: _____

Note/ Concern: _____

Texted: ☑ **Paid:** ☐ **Unpaid:** ☐

_____
RECEIVED BY

DATE: 5-22-26

OWNER'S NAME: Raquel E. Mendoza **CONTACT NO.:** 0928-5024322

PET'S NAME: UNO **BREED:** _____ **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: _____ 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 **VET SIGNATURE**