

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

DATE: 08/23/24

OWNER'S NAME: Jasmine Camacho **CONTACT NO.:** 09955887595

PET'S NAME: Goldie **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: Jamacho **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. M **VET SIGNATURE**