

Grand Parkway Animal Hospital

Grooming Release Form

Owner: _____ **Patient Name:** _____

Breed: _____ **Color:** _____

Grooming Instructions:

(Example: shave down, cut 1 inch off, leave ½ an inch, same as before, etc...)

Other Services or Treatments Requested:.

Special Shampoo (An additional \$13.00) **YES NO**

(For sensitive skin, rashes, hot spots, and flea/tick baths)

Spa Package (An additional \$23.00) **YES NO**

(Specialty shampoo, conditioner, nail file, teeth brushing)

Perfume or Cologne **YES NO**

Bows **YES NO**

Nail File (An extra \$15.00) **YES NO**

Does your pet need sedation **YES NO**

(An additional \$26.00. Pickup is after 5:00 if animal needs sedation)

Is there a certain time you would like to pickup by? _____

(Appointments typically take 2-3 hours, however, can be longer depending on difficulty)

Contact number where you can be reached today: _____

(We will call you when your pet is finished, unless a time is specified)

Requirements for Grooming:

1. All vaccinations must be current according to GPAH policies including: DHPP, Bordetella, Rabies, and FVRCP.
2. Pet must be free of fleas and ticks. If not, we will automatically give treatment upon admission at owner's expense.
3. We discourage the practice of leaving personal items for pets. Grand Parkway Animal Hospital will not be responsible for collars, leashes, towels, blankets, toys, beds, or other such items

4. **Signature:** _____ **Date:** _____

***prices subject to change**