



ANIMAL HOSPITAL
423 U.S. HWY 117 S
BURGAW, NC 28425
PHONE: 910-259-3818
FAX: 910-259-7750

Grooming Consent Form

DATE: _____

Client Name: _____ Patient Name: _____
Phone Number: _____ Species: _____ Breed: _____
Address: _____ Sex: _____ Color: _____
Weight: _____

REQUIREMENTS FOR GROOMING

- All animals must be current on all vaccinations.
- All animals will be given a Capstar to ensure they are free of external parasites.
- If a tranquilizer is necessary for treatment or handling, Healing Hands Animal Hospital has my permission to administer such medication.
- If a medical emergency should arise Healing Hands Animal Hospital will make every attempt to contact you. If you are unable to be reached please select which level of care would you like our staff to provide until you have been contacted.

Perform any services necessary regardless of cost

Perform any services up to

Do not perform any services until I have given authorization

\$100 \$200 Other amount \$ _____

I have read the boarding requirements and understand the hospital's policies. I understand that my bill must be paid in full at the time of my pet's release.

Client Signature: _____

Date: _____

Phone number(s) at which the owner can be reached: _____

How would you like your pet groomed today?

Bath Only:

Body: 1/4 inch 1/2 inch 1 inch 2 inch 3 inch Other: _____

Head/Face: Shaved Rounded Clip short only around eyes Other: _____

Mane: Leave long Cut short Shave Other: _____

Muzzle: Shaved Leave beard: Long Medium Short Other: _____

Ears: Shaved Trimmed: Long Medium Short Rounded Other: _____

Legs: Match Body Length Longer Shorter Other: _____

Feet: Match Legs Shave short Trim long hairs Other: _____

Tail: Match body length Leave long Cut short Other: _____

Skirt: Match body length Leave long Cut short Other: _____

