

Grooming Release Form



Mendakota
Animal Hospital

Date of Scheduled Groom: _____

Preferred Contact Number: _____

Person(s) authorized to pick up my pet: _____

In the event our groomer has a medical concern for your pet, do you authorize the Veterinarian to address this concern? ☐ Yes ☐ No

_____ (initial) By selecting Yes, I understand that I am authorizing the Veterinarian to examine, test and treat my pet as they deem necessary. I understand that the exam, testing and treatment(s) will be done at my expense.

Please review our policies.

_____ (initial) **Emergencies:** In the event of an emergency, I authorize this establishment to immediately seek professional veterinarian attention for my pet (at my expense). I understand that all attempts will be made to contact me in the event of an emergency.

_____ (initial) **Coat Condition:** I understand that this establishment puts my pet's comfort above all else. In the event that my pet's coat is matted, I understand that the groomer may have to shave the matts out rather than perform a painful de-matting procedure. I also understand that if my pet is severely matted, that there is an increased risk for clipper burns or cuts to occur. I understand that all attempts will be made to prevent this, however in many extreme matt conditions it is unavoidable. I also understand that matted pets take additional time to groom so there will be an additional fee added on to the regular grooming price if my pet's coat is matted.

_____ (initial) **Health:** I understand that grooming can be stressful to some pets and I will inform the groomer if my pet has any heart conditions or any stress related issues prior to grooming. I also understand that it is necessary to have my pet up-to-date on Rabies, Distemper and Bordetella vaccines prior to every grooming.

_____ (initial) **Cancellation Policy:** I understand that if I need to change my appointment time or cancel it, that I must give a 24-hour notice so that the appointment can be made available to another client who is on the waiting list. If two appointments are missed without giving notice, clients are then required to pre-pay prior to scheduling future appointments.

_____ (initial) **Vaccinations:** I understand that my pet must be current on the required vaccinations at least one week prior to their grooming appointment. I understand that the required vaccinations for dogs are: rabies, distemper and Bordetella. I understand that the required vaccinations for cats are: rabies and distemper. I understand that if my pet is not up-to-date on the required vaccinations the appointment will be rescheduled.

I have read and understand the above policies _____

Signature

Date

Please flip this page over and complete the grooming instructions before giving this form to a staff member.

Please review the grooming descriptions before making your selection.

- ☐ Full-Service Bath - includes bath, dry, brushing, ear cleaning and nail trim
- ☐ Full-Service Groom – includes bath, dry, brushing, ear cleaning, nail trim and haircut

Hair Cut Instructions:

- ☐ Trim Up
 - Feet, rear, tummy
 - Feet only
- ☐ Full Body Cut (one length)
 - 1/8"
 - 1/4"
 - 3/8"
 - 1/2"
 - 3/4"
 - 1"
- Special Trim: _____
- Head same length as body
- Head longer than body
- Ear length trimmed
- Shorter ears similar to body length
- Special requests: _____

Feline Specific Hair Cuts

Extras

- ☐ Lion Cut w/lion tail
- ☐ Lion Cut w/o lion tail
- ☐ Shave matts only
- ☐ Special Requests: _____
- ☐ Teeth Brushing
- ☐ External Anal Gland Expression
- ☐ Nail Buffing
- ☐ Special Shampoo

Additional Notes: _____
