

GROOMING ADMISSION FORM



YOUR CONTACT INFORMATION

Your Name _____
First *Last* *M.I.*

Email Address _____ Your Phone (_____) _____ - _____
Cell

Pet's Name _____

REQUESTED GROOMING SERVICES

Would you like grooming services at the groomer's discretion? Yes No

Would you like a complete shakedown? Yes No *Please be advised for medical shave downs there will be an additional \$75 fee*

If you checked no, please check off what grooming services you'd like:

Lion Cut Paws Neck Tail How short? _____ Other (Please specify) _____

Would you like your pet to receive a bath? Yes No

Should your pet need medical attention during grooming for any further medical conditions (exam, treatment for skin infection, etc.), do you authorize treatment or would you like to be called for approval?

I authorize treatment Please call for approval of treatment Contact Number (_____) _____ - _____
Cell

Although Dix Hills Animal Hospital is a veterinary office and not a grooming salon, we will do our best to provide you pet with a haircut that meets your expectations. Please understand that if your pet is severely matted there could be medical issues hiding underneath their coat. We will groom your pet with the upmost care but irritation or nicks from the clippers are possible due to the sensitivity of their skin. If you are not satisfied with your pet's haircut please contact the office with any questions or concerns. We will work with you to correct any issues but may need to charge an additional fee for services.

Signature of Owner / Agent / Good Samaritan _____ Date _____

Admitting Receptionist: _____ Date _____

Admitting Technician: _____ Date _____