

Pet's Name: _____

Grooming Sheet

Date: _____

Phone: _____

Client Name: _____

Emergency #: _____

Breed: _____

Cell Phone: _____

I hereby authorize **Gina Hill** (*Groomer*) of Sunrise Animal Hospital to render the service of (grooming) on the above named patient.

Signature: _____

Select one of the following:

Flea Shampoo Medicated Shampoo Regular Shampoo

Select type of cut:

Bath ONLY Puppy Cut Shave Down
 Summer Cut (*very short but not shaved*) Lion Cut (*long-haired cats*)
 Clean up (*Trim*)

ALL GROOMS INCLUDE NAIL TRIMMING AND BATH

Additional Information:

Gina Hill does not claim to be a "show dog" groomer. She is only a professional pet groomer.

Initial here: _____

Please notify the receptionist first if dog/cat needs any medical attention while under our care.

A physical exam can be given for a discounted price of \$60 (regularly \$76).

YES NO

If your dog/cat is unable to be handled, do you give us permission for tranquilizers? (Additional fee(s) will be added). Bloodwork is needed for patients over 5 years of age.

YES (please sign below) NO

Anesthesia Release: I understand the nature of the procedures/surgeries and the risks involved. I realize the results cannot be guaranteed. I hereby authorize the use of such anesthetics as the veterinarian deems advisable and performance of such surgical or therapeutic procedures as the veterinarian determines to be indicated. I am the owner or agent of the above animal and have given the authority to execute this consent. I hereby authorize the veterinarian on duty to induce and maintain general anesthesia and to perform needed and/or requested surgical or medical procedures for my pet. I have been informed of the possible risks and complications associated with these procedures.

I have read and understand this authorization and consent.

Date: _____ Signature: _____

