

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: _____





74 North Long Beach Road | Rockville Centre NY 11570 | (516)766-4350

Boarding Release Form

Date Admitted: _____ Date of Expected Discharge: _____

Owner's Last Name: _____ First Name: _____

Pet(s) Name: _____ Breed: _____ Age: _____ Sex: _____

Emergency Contact #: _____ Contact Person: _____

Special Instructions (Include medication directions, feeding instructions, etc.)

***Please inform receptionist if you would like your pet bathed before discharge ***
(ADDITIONAL FEE MAY APPLY)

**If you want your pet to be eligible to be featured on the @sunriseanimalhospital instagram page please initial _____
(Please note that this is not a guarantee that your animal will be posted simply granting permission to take the photo!)

Please note Sunrise Animal Hospital is not responsible for any lost leashes, collars, bowls, bedding, toys, etc.
_____ (please initial)

For Your Pet's Health

Vaccine Policy

To insure the protection of all pets under our care, the following vaccinations must be up to date:

DOGS: RABIES, DHPPC, BORDETELLA, CANINE INFLUENZA.

CATS: RABIES, FVRCP.

If not up to date, or unable to provide written proof of vaccinations, I give permission to update my pet(s) vaccinations in accordance with the above policy.

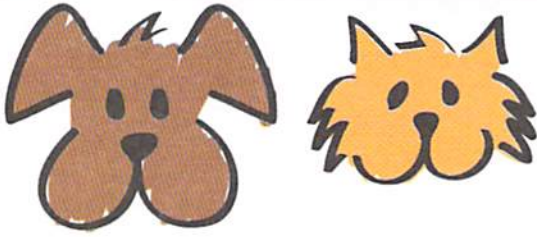
Date: _____ **Signature:** _____

In addition, if any fleas/ticks are observed on your pet(s) while boarding, he/she (they) will receive a flea bath at the owners' expense.

Medical Illness Policy

One of the advantages of boarding your pet(s) at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet(s) becomes ill, we will call the emergency contact number(s) listed above regarding your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, it is our hospital's policy to treat your pet(s), as the doctor deems necessary in order to relieve immediate discomfort and/or to resolve an important medical condition.

Date: _____ **Signature:** _____



welcome

Client information

Date: _____

Owner (Last Name First): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Co-Owner/Spouse (Last Name First): _____

E-mail Address: _____ Phone: (_____) _____

Emergency Contact Name: _____ Phone: (_____) _____

How did you learn about our practice? _____

Number of pets (please specify by type) _____

Primary reason for visit: _____

Pet information

Pet's Name: _____ Dog Cat Other _____

Sex: M F Age: _____ Birthdate: _____ Breed: _____

Color: _____ Neutered/Spayed: Yes No At what age? _____

What age was pet obtained? _____

From: Friend Breeder Pet Shop Humane Society Other _____

Reason for obtaining pet (check all that apply) Companion Protection Breeding
 Show Other _____

Describe your pet's diet: _____

List your pet's current medication: _____

Please check any symptoms or problems you've noticed with your pet:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Behavioral Changes |
| <input type="checkbox"/> Gums Bleeding | <input type="checkbox"/> Thirst | <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping |
| <input type="checkbox"/> Urination Increase | <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Eye Disorders: _____ | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other: _____ |

Pet's History (check all that pet has received)

- | | | |
|---|---|---|
| <input type="checkbox"/> Distemper | <input type="checkbox"/> Feline Leukemia Test | <input type="checkbox"/> Prior Surgery: _____ |
| <input type="checkbox"/> Parvovirus (Dog) | <input type="checkbox"/> FVRCP (Infectious Disease-Cat) | <input type="checkbox"/> Prior Illness: _____ |
| <input type="checkbox"/> Rabies (Dog/Cat) | <input type="checkbox"/> Dental | <input type="checkbox"/> Other: _____ |

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date _____