

# Grooming/ Bathing Release Form

Owner Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Contact Phone # for Today: \_\_\_\_\_

Face/ Feet/ Tail Trim: \_\_\_\_\_ Full Body Groom: \_\_\_\_\_

Additional Services to be performed today? :

Bath: Y/N Medicated: Y/N Flea Bath: Y/N Nail Trim: Y/N Anal Sac Expression: Y/ N

Teeth Brushing: Y/N Nail Grind? Y/N Ferminate: Y/N Ear Cleaning? Y/N

Current on Distemper/ Parvo Vaccine? Y/N Expires?: \_\_\_\_\_

Current on Rabies Vaccine? Y/N Expires?: \_\_\_\_\_

Current on Bordatella Vaccine? Y/N Expires?: \_\_\_\_\_

Sedation Needed?: Y/N There is an additional charge if this service is needed.

If your pet becomes hurt or is injured during his/her grooming appt, Angelina Animal Hospital LLC, has the right to obtain immediate medical care by the attending veterinarian. The pet owner agrees to pay all costs for the medical treatments provided. **All animals being dropped off at clinic are required to be flea free, AAH staff will administer a Capstar at owners' expense per doctors' discretion.** If the bill for treatment is under \$50, then there will be no attempt to contact the Owner. If the medical bill is to be more, then the Owner will be attempted to be called with the phone number listed on this form. The staff at Angelina Animal Hospital will make every attempt to make sure that your pet is taken care of in the best possible ways and only the has best interest of the pet in mind.

By signing this form, I acknowledge that I have read and understand all of the above information and agree to the terms. I also understand that a Rabies vaccination is required to be up to date and proof of vaccine must be on file in order for said patient to stay in the hospital for grooming, bathing, etc. This is to stay in accordance with Texas state law and also to protect our staff as well as all other patients in the hospital.

Signature of Owner/ Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_