



Seven Hills Animal Hospital

Caring for Animals for 25 Years!

Phone: (434) 237-6631

Grooming Admission & Consent Form

Date: _____

Owner's Name: _____

Pet's Name: _____

Phone Number(s): _____

(It is important for your groomer to be able to reach you when necessary)

Dog Grooming Includes: Brushing, Bathing, Clipping if necessary, Ear Cleaning/Plucking, Anal Gland Expression, & Nail Trimming.

Cat Grooming Includes: Brushing, Clipping if necessary, & Nail Trimming. Bathing is not included but may be added.

Note: There is an additional charge for difficult or severe de-matting. Additional charges also apply for flea/tick treatments or medicated baths.

Please be as specific as possible when completing this form, especially if your pet has never been groomed at Seven Hills Animal Hospital before.

Special Grooming Instructions: _____

Would you like an estimate? Yes / No

Do you want your pet shaved? Yes / No

Do you want your pet to have a short body clip? Yes / No

If yes, how short? _____

Do you want your pet to have a specific breed trim? Yes / No

If yes, please describe: _____

Would you like our groomer to decide how your pet will look? _____

Any specific problems to address or procedures to be performed during the grooming visit? _____

Please note any other special instructions you have concerning your pet: _____

Requested pick-up time: _____ AM / PM

*We try to accommodate everyone's schedule but **please call ahead** to see if your pet is ready in order to avoid an unnecessary trip.*

Important Note

For the protection of your pet and all of our other patients, all pets must have a current vaccination status.

Canine Vaccinations: Distemper and Rabies are required. Bordetella (Kennel Cough) vaccine is highly recommended.

Feline Vaccinations: FEVCR Combo and Rabies are required.

Do we have permission to update vaccinations if needed? Yes / No

Has your pet been vaccinated elsewhere? Yes / No

If yes, where? _____

Are there additional procedures we should perform today? (Please ask Receptionist for pricing)

- | | | |
|---|---|--|
| <input type="checkbox"/> Annual Vaccinations | <input type="checkbox"/> Stool Sample for Fecal Exam | <input type="checkbox"/> Implant HomeAgain Microchip |
| <input type="checkbox"/> Complete Physical Exam | <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Bordetella Vaccination |
| <input type="checkbox"/> Treat for Fleas | <input type="checkbox"/> Heartworm Test (Dogs) | <input type="checkbox"/> Bath (Cats) |
| <input type="checkbox"/> Treat for Ticks | <input type="checkbox"/> Feline Leukemia/AIDS Test (Cats) | |

Owner's Signature: _____