

St. Francis 24 hr Animal Hospital
Grooming Drop Off

Form 131-D

Date _____

Description of how you would like your pet groomed:

Proof of current exam and vaccines (due date):

Dog: DHLPPC _____ Bordetella _____ Rabies _____ Exam _____

Cat: FVRCP _____ FELV _____ Rabies _____ Exam _____

If proof of exam and vaccines are not available, we will need to update exam and all vaccines prior to grooming. Please note: We will treat your pet for fleas if needed.

I UNDERSTAND THAT THE DOCTOR WILL CONTACT ME AFTER EXAMINING MY PET. IN THE EVENT THAT THE DOCTOR IS UNABLE TO REACH ME:

PLEASE INITIAL ONE OF THE FOLLOWING:

_____ I authorize the doctor to proceed with the indicated treatment and care of my pet.

_____ Do not proceed with any treatment until the doctor is able to reach me.

_____ I authorize medical treatment up to \$ _____ until someone can be reached.

_____ For the safety of my pet, I authorize the doctor to examine and administer sedation if needed. Depending on need and patient cooperation, cost may range between \$21.00-\$70.00 in addition to an examination fee, if needed.

If the grooming specifications and above information have not changed, initial beside the corresponding grooming date.

GROOM DATE	OWNER INITIAL	PHONE #	PICK-UP TIME	ADD'L SERVICES?

_____ Owner Signature Date

CLIENT _____ PET _____