

Cochrane Animal Hospital
GROOMING AUTHORIZATION

Owner's Name _____

Pet's Name(s) _____

My pet(s) will be picked up on: _____

Note: For your pet and the safety of all the other pets we require them to be up to date on Rabies, Bordatella, and Distemper/Parvo.

❖ **My pet is up to date on vaccinations** and Proof of Vaccination has been verified. _____ (Initial)

❖ **My pet is NOT up to date on vaccinations*** and I authorize the Cochrane Animal Hospital to administer required vaccinations immediately to protect my pet from contagious diseases. _____ (Initial)

*Vaccinations to be administered: _____ (Initial)

Is your pet currently on one of these monthly flea preventions? Yes NO

If flea or flea dirt is present, We will be using a flea shampoo and applying a dose of revolution to prevent them from bringing fleas home again.

SERVICE: Trim Shave Down Scissor Cut Bath & Brush Grooming

All standard grooming includes: nail trim, ear cleaning, and anal gland expression.

Is your pet: Well Sick > please explain _____

If necessary, do we have permission to sedate at an additional charge if absolutely necessary? Yes No

If severely matted, do we have permission for your dog/cat to be shaved? Yes No

NOTE: There is an additional charge for difficult de-matting, to be determined by the Groomer!

Special Grooming Instructions, Problems to check, or Procedures to be performed during Grooming visit?

Any specific medical or behavioral history we need to know about?

Owner's Phone Number(s): _____

Emergency Contact Name(s) & Number(s): _____

As the guardian/owner or agent for said animal(s), I authorize the Cochrane Animal Hospital to groom and care for this pet, prescribe medication, and/or perform medical treatment in the interest of said animal(s) health and safety.

Signature **X** _____ Date _____

Owner/Responsible Agent