

Hickory Veterinary Hospital, LLC
100 Kegman Road W
Chesapeake, VA 23322

Grooming Release Form

Patient:	Species:	Age:	Owner:
Sex:	Breed:	Address:	
Color:	Weight:		Phone:
ID:	Rabies:	Microchip:	

___ YES ___ NO Have you applied topical flea prevention within the last 48 hours?

___ YES ___ NO Any vomiting, coughing, or diarrhea within the last 36 hours?

Details: _____

___ YES ___ NO Has your pet been injured in the past two weeks?

Details: _____

___ YES ___ NO Does your pet have any skin conditions, to include itching, scratching, flaking, hair loss, redness, etc.?

Our canine bath package includes the following services:

- Bath
- Coat Conditioner
- Blow Dry Session
- Ear Cleaning
- Nail Trim
- Scented Spray

We apply eye lubrication to protect your dog's eyes.

If you prefer to opt-out of any of the services listed above, please let us know. Please note that package pricing will not be adjusted.

Please choose one shampoo:

_____ So Gentle Hypoallergenic (Soap free and tearless)

_____ Whitening

Scented Shampoos

_____ Pumpkin Pie

Please choose one scented spray:

_____ Blackberry Vanilla Musk

_____ Mystique (similar to Obsession for Men)

_____ Summer Tropical

_____ Sweet Pea and Vanilla

_____ I prefer to not have cologne spray

Would you like to add on any of the following services? Additional charges apply. Please indicate which, if any, you would like below:

- _____ Brush out Single Coat
- _____ Brush Out Double Coat
- _____ Ear Hair Removal
- _____ Sanitary Shave
- _____ Nail Grind (Dremel tool)
- _____ Microchip

Do you have any special instructions or requests? _____

I certify that my pet is free of fleas, ticks, and tapeworms. If any of these parasites are found on my pet, I authorize Hickory Veterinary Hospital to treat my pet at my expense.

_____ Initials

My dog has been has received the following vaccinations within the past 12 months: Rabies, Bordatella, DACPP

_____ Initials

I understand that unforeseen medical or behavioral conditions may be revealed that require us to change or halt the bathing process. Should this occur, you will be contacted to discuss medical options and associated costs. You will be responsible for the cost of any portion of the bathing process that had been completed prior to recognized medical or behavioral conditions.

_____ Initials

My signature below indicates I have read and understand this authorization form. By signing this form I certify that I am the Owner or Agent for the above described animal and I have the authority to execute this consent form and authorize the above named procedure(s). The information I have provided above is true and accurate.

DATE

SIGNATURE OF OWNER OR AGENT