

Spring Meadow Grooming & Bathing Check-In Form

Today's date: _____

Owner Name: _____ Pet Name: _____

All pets MUST be current on ALL vaccinations*. NO EXCEPTIONS.

A matted pet will require extra time, labor and product resulting in additional charges.



****Basic, Premium & Grooming include:** a bath with our basic shampoo, brush out, blow dry, external ear cleaning, nail trim & expression of anal glands.

- Basic Bath** (no trimming of hair)**
- Premium Bath** (includes trimming hair on feet, sanitary clip, tidy-up feathers & underline)**
- Grooming** (if your pet is being groomed the groomer will call you when your pet is ready to go home.)**
Grooming includes: Trim/clip, Bath, brush out, blow dry, anal gland expression, ear cleaning, & toe nail trim.

Grooming Instructions: (Please give us your preferences)

Date & Type of last dose of flea treatment: _____

A la carte Items (optional):

- Filing of the nails (\$5.00)
- 15 minute massage (\$15.00)
- Deshedding treatment (includes Furminator brush-out and Furminator Shampoo/Conditioner) (\$20)
- Marshmello Detangler treatment

Please check any other Medical Procedures your pet requires today:

- Examination (\$45) to check _____
- Heartworm & Tick Test (Canine) (\$60)
- Intestinal Parasite Exam (\$28)
- Other _____
- HomeAgain Microchip (Permanent ID) (\$50)

***Treatment of Medical Conditions:** *If your pet requires a Doctor's attention due to conditions such as irritation to the skin, ear infections, etc., would you prefer to be contacted prior to any condition being treated?*

- [] Yes, please contact me prior to treating my pet. (An appointment will need to be scheduled if we cannot reach you).
- [] No, please treat my pet as necessary; I am aware that additional charges will apply.

Sedation for Grooming: Some pets require sedation prior to grooming.

If your pet requires sedation, do you give our Doctors permission to sedate your pet? [] Yes** [] No

To better ensure your pet's safety during anesthesia, we recommend pre-anesthetic blood tests be performed.

****Any pet 6 years of age or older is required to have blood work completed prior to any sedative. ****

- [] My dog is UNDER the age of 6 and I **WOULD LIKE TO minimize the risk and have the blood test performed.** (\$75)
- [] My dog is UNDER the age of 6 but I **DO NOT want the pre-anesthetic testing done prior to the sedation.**

I understand that during the performance of the foregoing procedure, unforeseen conditions may be revealed that necessitate an extension of the procedure, or of different procedures than those set forth above. Therefore, I hereby consent to and authorize the performance of procedures, as deemed necessary by the veterinarian. I have been advised as to the nature of the procedure(s) and the risks involved. I realize that results cannot be guaranteed. I am the owner or agent of the above described animal(s) and have the authority to execute this consent. I am also aware that unforeseen events resulting from the procedure(s) will not relieve me from any obligation to all reasonable costs incurred regarding the animal. I also understand that these charges will be paid for at the time of release. I hereby consent and authorize the performance of the procedure(s) listed above.

Signature of Owner _____ Emergency Phone #: _____