

ANIMALCARE VETERINARY HOSPITAL

Address: 4 Goodwood Terrace
Kingston 10, JA

Telephone: (876) 969-1356
Fax: (876) 969-5766

GROOMING ADMISSION / CONSENT FORM

Date: _____

Pet's Name: _____ Breed: _____

Owner's Name: _____

Contact Number: _____ Alternate: _____

Any health issues noticed: _____

€ Basic Grooming Package

(Includes: Clipping Face, Feet & Tail Area Only, Shampoo Bath, Blow Dry, Comb & Brush, Basic Ear Cleaning, Nail Trim, Cologne Application)

€ Full Grooming Package

(Includes: Basic Grooming Package + Clipping Entire Body & Standard Dematting)

€ Full Grooming Package (which requires shaving)

(Includes: Basic Grooming Package + Shave Entire Body & Standard Dematting)

€ Clipping Face, Feet & Tail Area

€ Comb & Brush Only

€ Flea/ Tick Dip

€ Nail Trim

€ Clipping Entire Body

€ Shave Entire Body

Specifications to the Groomer: _____

Additional treatment to be done: _____

I hereby declare that I am the owner (or the agent) for the animal described above and I am authorised to enter into a contract with Animalcare Veterinary Hospital. I authorise Animalcare veterinary Hospital to groom the above animal in the manner that I have indicated on this form. I grant permission for Animalcare Veterinary Hospital to administer emergency veterinary treatment to my pet should it become necessary and I further agree to in no way hold responsible Animalcare Veterinary Hospital for any problem resulting from grooming elderly, inform and/or seriously matted pets.

Signature (Owner / Agent): _____ Receptionist: _____