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GROOMING (HAIRCUT) BY APPOINTMENT BATH ONLY

Same grooming cut/style as last time

First visit or changes:

Instructions, please be specific or ask to speak directly to groomer: _____

Trim only, please provide specific instructions: _____

Shave down, please provide specific instructions: _____

I authorize extra mat clipping and brushing at regular fees, if the attending groomer feels it is necessary.

I authorize up to but not to exceed a \$50.00 extra charge if the groomer needs an assistant to hold my pet during the haircut.

ADDITIONAL SERVICES: (Additional Fees Apply)

Moisturizer

Tooth brushing

Express anal glands

Clip mats (Ask for estimate)

Dematting (\$322/hr)

Dremel nails with grooming/bath

MEDICAL SERVICES REQUESTED: (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM):

Update all **required** vaccines, annual test and exam: **Canine** (Rabies*, DaP* / DHPP*, Leptospirosis*, Bordetella, H3N8 CIV, H3N2 CIV and Fecal test)

Feline (Rabies* and FVRCP* or HCP*)

Please also update all **recommended** vaccines, annual test(s) and exam:

Canine: Lyme vaccine*, Wellness Bloodwork (CBC, chemistry & T4) and Heartworm test

Feline: Fecal test, Feline Leukemia* vaccine and Wellness Bloodwork (CBC, chemistry & T4)

Additionally, please update all **required** vaccines my pet will be due to receive **within the next 45 days**

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Check vaccine and annual test history at _____

Request Doctor exam for _____

treat after requested exam or call before treating.

BEDDING AND KENNEL ITEMS: (initial preference)

Initial

YES, my pet can have ODAH Center provided bedding or personal items left with him/her in their kennel. ODAH Center will not be held liable for any injury, illness, or loss that may occur during the boarding period, including but not limited to, loss of personal items, damage to property, injury, illness or death to my dog or other animals due to bedding, clothing, toys, etc.

ITEMS LEFT: _____

ODAH Center is not responsible for lost or damaged items left with pet(s)

Initial

NO bedding, toys or clothing should be placed in the kennel with my pet(s).

MEDICAL EMERGENCY AUTHORIZATION:

Initial

I am the owner/authorized agent of the animal described below and authorize Old Dominion Animal Health Center (ODAH Center) to provide services as necessary to preserve the pet's life and well-being, and I absolve and release ODAH Center from any loss, expense, or liability arising from the performance of these services. In the event of a medical emergency, outside of regular hours, ODAH Center may transport the pet to a 24-hour emergency clinic, and I authorize ODAH Center staff members to grant permission for diagnostics and treatment at that facility until I am able to be contacted. All fees incurred at that 24-hour emergency clinic and/or ODAH Center, as well as all liabilities or losses are the sole responsibility of the owner or agent. I understand that the center is closed and not medically staffed outside of regular business hours.

*** I ALSO ACCEPT THAT ANY MEDICAL CONDITION WE BELIEVE TO BE PUTTING THIS PET IN PAIN OR RISK, INCLUDING INTESTINAL UPSET WILL BE TREATED IMMEDIATELY AT REGULAR HOSPITAL FEES.**

VACCINATIONS AND PARASITE PREVENTION AUTHORIZATION:

Initial

I understand that my pet(s) must be current on all required vaccination and be free of fleas and intestinal parasites. I authorize my pet to be vaccinated and treated for fleas and/or intestinal parasites if necessary.

FINANCIAL AUTHORIZATION:

Initial

I accept all financial responsibility for the above services, including any emergency clinic fees, and understand that, unless agreed to in advance, these fees must be paid before the pet is released. I also accept that all boarding charges accrue per calendar day.

MULTIPLE PET FAMILY:

Initial

I authorize and instruct ODAH Center to board my pets together in the same space. I absolve ODAH Center from any liability for injury or illness that may occur as a result of this action.

I can be reached at: _____ **If I cannot be reached, call:** _____

Print pet's name: _____ Print Owner's Name: _____

Signature: _____ Date: _____

GROOMING AUTHORIZATION