



Grooming Drop Off Form

Pick up time _____ p.m. Vet Services Needed: Circle Yes or No

Please read over and fill out entire form

Client Name: _____

Type of Haircut: _____

Does your pet have any current medical issues that the groomer needs to be aware of?

Would you like your pet to get an oral hygiene rinse/breath freshener for a charge of \$4.00?

YES or NO

Would you like to have their anal glands expressed internally for a charge of \$14.00? (This will be done by a technician.) **YES or NO**

Does your pet REQUIRE sedation? **YES or NO**

****Animals will require yearly pre-sedative blood work (\$53.00) and brief doctors exam(\$25.00) before they can be sedated for grooming. ****

****All animals must be current on ALL Vaccinations, including Bordetella, and be on heartworm prevention, or a current negative Fecal, in order to be dropped off for grooming! Any external parasites found will be treated, at the owner's expense. ****

***I understand that State Law requires Rabies vaccination for all pets. I also understand clinic policy requires ALL vaccines to be current for any patient in house. If vaccines are not current or we don't have a record of current vaccines at time of admittance, Lakeway Veterinary Clinic will update them as necessary. ***

I consent to Lakeway Veterinarian Clinic taking my pet's picture, and understand that it may be used on Facebook and/or www.lakewayvet.com with my pet's first name only. I understand that at no time will my name (first OR last) be used on any form of multimedia.

ACCEPT _____ or DECLINE _____

I the owner/agent have read the above, understand what it says, and agree.

Signature _____ Date _____

Phone Number(s) for Today: _____