

Animal Hospital at Oakleaf Plantation (AHOP) **Authorization for Bathing and/or Grooming**

Pet's Name:					
Owner's Name:	Phone # (if issues):				
Service Requested (Select One):	BATH ONLY	GROOM (Includes BATH)			
	DM. Discharge will be after 4 pm f	and bandana. GROOMS include all standard for baths and grooms. More importantly, we will scharge call.			
• For Dogs. Current Rabies vaccine, vaccine (within the past 6 months)	Current DHPP (Distemper, Hepatitis and negative fecal exam (within the	sons concerning our vaccination policy, please ask s, Parvo and Parainfluenza) vaccine, and Bordetella past 6 months). inotracheitis, Calicivirus, Panleukopenia) vaccine.			
Please <u>initial</u> to indicate your response to	the following questions.				
I understand AHOP's vaccination	requirements policy; otherwise, plea	ase ask before leaving your pet.			
If the vaccine history on file is no	t current, then we have your permiss	sion to update vaccinations for an additional charge.			
If my pet requires a flea shampoo	or medicated bath, then I authorize	the the <u>additional</u> charge.			
reserve the right to refuse service to any pet		arge. Charge will be based on the size of your pet. W			
If it is severely matted, the	nen I grant permission to AHOP to si	have my pet to remove any matted coat.			
I request an extra brush out, if nec	cessary, using a FURminator ® for a				
Specific Breed Trim? YESNO					
Special Grooming Instructions: IF NO INST	RUCTIONS GIVEN A BATH, FAC	CE, FEET AND FANNY GROOM WILL BE DONE.			
· · · · · · · · · · · · · · · · ·	dures (i.e. wellness visit, etc) to be p	performed during this visit? YESNO			
Any specific medical history we need to kno	ow about?				
and/or veterinary procedures. I understand t to the groomer and/or the owner's pet. If the rendered. I understand that payment must be	that AHOP reserves the right to refu is happens, I acknowledge that I am e received or arrangements made for	ave the authority to approve all the requested services ise service to any owner whose pet may cause injury responsible for any charges for services already repayment before the pet will be released. I grant phot a, for advertising purposes, or any other reason			
Signed:		Date:			
Owner and/or A	Authorized Agent	Staff Initials			

Please fill out the following information to ensure the best care possible. We will be happy to answer any questions you may have. ALL INITIALS ON GROOMING FORM ARE STILL ACCURATE.

Pet Name	Date	Phone #	Bath	Groom (Hair cut)		
Directions: IF NO INSTRUCTIONS GIVEN A BATH, FACE, FEET AND FANNY GROOM WILL BE DONE.						
	Desired Pick up time:					
Pet Name	Date	Phone #	Bath	Groom (Hair cut)		
Directions:IF NO INSTRUCTIONS GIVEN A BATH, FACE, FEET AND FANNY GROOM WILL BE DONE.						
	Desired Pick up time:					
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