



410-721-0001

GROOMING RELEASE FORM

In order to assure the health of your pet and other pets that are grooming with us we require proof that your pet has had a physical exam within the past year, that your pet be current on vaccinations, and that your pet has had a negative intestinal parasite exam within the past year.

Annual Health Needs or Requirements for Admission:

CANINE: PE ___ Distemper ___ Bordetella ___ CIV ___ Rabies ___ HWT ___ Fecal ___
FELINE: PE ___ Distemper ___ Rabies ___ FELV test ___ Fecal ___

If your pet is not current on the above health requirements we will arrange an appointment with our veterinarian at the time of admissions.

Your pet is important to us. Because we care, we want to assure you that every effort will be made to make your pet's visit as pleasant as possible. Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. In the best interest of your pet, we request your permission to obtain immediate veterinary treatment should it become necessary.

I hereby grant permission to the Grooming establishment of Gambrills Veterinary Center to obtain emergency veterinary treatment for my pet. I understand that I assume financial responsibility for all services rendered.

An estimate of anticipated fees has or will be given to me on request. All charges shall be paid in full upon release. I agree that in the case of nonpayment, a fee of 1.5% per month (18% per annum) will be charged. All collection and attorney fees necessary to collect this debt will be born by me.

SIGNATURE: _____ Date: _____

PHONE NUMBER FOR TODAY: _____

EMERGENCY PHONE NUMBER: _____

ALL ANIMALS ADMITTED MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL AND INTERNAL PARASITES. ANY ANIMAL FOUND TO HAVE FLEAS, TICKS, OR INTESTINAL PARASITES WILL BE TREATED AT THE OWNER'S EXPENSE.