



900 PINE AVE • LONG BEACH, CA 90813

TEL (562) 912-7463 • FAX (855) 724-8387

www.PineAnimalHospital.com

GROOMING FORM

To be filled out by the owner prior to any grooming procedure at Pine Animal Hospital.

First Name: _____ Last Name: _____

Pets Name: _____

Contact Phone Number where you can be contacted immediately on day of grooming: _____

What medication(s) are the above pet taking, and when were they last give? _____

DESCRIPTION OF DESIRED GROOMING SERVICES:

SHAVE-DOWN AUTHORIZATION

I understand that my pet is scheduled for a grooming. If the groomer deems that the pets' coat is excessively matted, a shave may become necessary to remove the matted hair safely. I authorize having my pet shaved if necessary. In the event that you choose to decline, we will be unable to groom your pet and you will be charged a housing fee until your pet is picked up from Pine Animal Hospital.

Accept

Decline

ELECTIVE PROCEDURE AUTHORIZATION:

I would like the following additional elective procedures performed:

PERFUMES/SCENTED SPRAYS: Accept Decline

ANAL GLAND EXPRESSION

EAR CLEANING

OTHER NEEDS OR ISSUES TO ADDRESS: _____

****Please make sure that all procedures with corresponding prices are included and authorized on the estimate***

CONSENT & STATEMENT OF OWNERSHIP:

I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to the above procedure(s). I have also had the likely fees explained to me and accept responsibility for payment of the necessary deposit prior to the procedure, and the total fees at the time of discharge.

Signature: _____ Date: _____