

**East Orlando Animal Hospital
Grooming**

Owner: _____ Emergency Phone No: _____
Patient: _____ Weight: _____

Professional Grooming includes:

Bath, Haircut, Brush, Blow-dry, Pedicure, Ear cleaning, and Anal gland express.

The following services may be added if needed:

De-Matt

Sedation for those hard-to-handle patients (with owner's authorization)

Additional Services Available — please ask us about additional charges for these services

- Special Shampoo (Medicated, Oatmeal)
- Remoisturizer or Honey and Oat Conditioner
- Shampoo (Will not remove eye or saliva stain)
- Plaque and Fluoride Treatment
- Hot Oil Treatment
- Ear Flush

Special Instructions for grooming your pet:

Current vaccinations — Every patient has the right to be protected from infectious and contagious diseases. Therefore, all patients must have current vaccinations. If vaccines are not on record and proof of vaccination is not provided, your pet will be vaccinated and you will be charged. Dogs take at least 4 days to develop immunity following vaccination with an intranasal Bordatella/Bronchitis vaccine, therefore, if your pet is vaccinated upon admission, we cannot guarantee he/she will be fully protected from this highly contagious infection while here.

Required vaccines for your dog: Distemper/Parvo, Rabies, Bordatella (kennel cough)

Required vaccines for your cat: Distemper, Rabies

Parasites — Every patient has the right to be free of external (fleas, ticks, and mites) and internal (worms) parasites. If any parasites are present on your pet, the appropriate medication will be prescribed and applied at your expense. I have read the above conditions, understand and agree to them. If I neglect to pick up my pet within 5 days of the date specified, you shall assume that the pet is abandoned and you are hereby authorized to place the pet as deemed necessary. I understand that this does NOT release me from the bill.

I agree to pay for all services in full when my pet is released from the hospital, including those deemed necessary for medical and surgical complications or unforeseen circumstances. I give authorization for any EMERGENCY treatment deemed by the attending veterinarian. (I understand every effort will be made to contact me prior to treatment.)

Date: _____ **Signature:** _____