



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)

All standard BATHING includes: nail trim, ear cleaning, anal gland expression, and bandana. GROOMS include all standard BATHING services in addition to the GROOM. **Discharge will be after 4 pm for baths and grooms. More importantly, we will call you when your fur baby is ready for discharge. Please wait for your discharge call.**

Proof of vaccinations are required for a BATH or GROOM. If you have questions concerning our vaccination policy, please ask before leaving your pet

- For Dogs. Current Rabies vaccine, Current DHPP (Distemper, Hepatitis, Parvo and Parainfluenza) vaccine, and Bordetella vaccine (within the past 6 months).
- For Cats. Current Rabies vaccine and Current FVRCP (Feline Viral Rhinotracheitis, Calicivirus, Panleukopenia) vaccine.

Please initial to indicate your response to the following questions.

_____ I understand AHOP's vaccination requirements policy; otherwise, please ask before leaving your pet.

_____ If the vaccine history on file is not current, then we have your permission to update vaccinations for an additional charge.

_____ If my pet requires a flea shampoo or medicated bath, then I authorize the the additional charge.

_____ I grant permission to sedate my pet, if necessary, for an additional charge. Charge will be based on the size of your pet. We reserve the right to refuse service to any pet that may cause injury.

_____ If my pet is severely matted, then I understand you WILL NOT de-matt my pet.

_____ If it is severely matted, then I grant permission to AHOP to shave my pet to remove any matted coat.

_____ I request an extra brush out, if necessary, using a FURminator® for an additional charge.

Specific Breed Trim? YES _____ NO _____ Please indicate the Breed Trim: _____

Special Grooming Instructions:

Any problems to check (i.e. issues) or procedures (i.e. wellness visit, etc) to be performed during this visit? YES _____ NO _____
Please describe: _____

Any specific medical history we need to know about?

I hereby authorize the above listed services, treatments, and/or vaccinations. I have the authority to approve all the requested services and/or veterinary procedures. I understand that AHOP reserves the **right to refuse service** to any owner whose pet may cause injury to the groomer and/or the owner's pet. If this happens, I acknowledge that I am responsible for any charges for services already rendered. I understand that payment must be received or arrangements made for payment before the pet will be released. I grant photo release authority to AHOP for publishing any photos of my pet(s) in social media, for advertising purposes, or any other reason deemed by AHOP.

Signed: _____ Date: _____
Owner and/or 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.

Pet Name	Date	Phone #	Bath	Groom (Hair cut)
Directions:				
Desired Pick up time:				
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Directions:				
Desired Pick up time:				
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