

Ammon Veterinary Hospital

1290 S. Ammon Road
Idaho Falls, ID 83406
(208)589-4421

Grooming Release Form

Date: _____

Client ID:

Client Name:

Address:

Telephone:

Patient ID:

Name:

Species:

Breed:

Sex:

Color:

Birth Date:

Your pet is important to us and we care about your pet's safety and well-being. We want to assure you that every effort will be made to make your pet's visit as pleasant as possible. To assist us with this, please provide the following information.

Due Dates of Current Vaccinations:

Distemper/Parvo/Corona _____	Bordetella _____
Rabies _____	1 year or 3 year _____
Feline Distemper _____	Leukemia _____

*All grooming patients must be current on **rabies** and **bordetella** vaccinations. All other vaccinations are recommended. If not, Ammon Veterinary Hospital will perform a wellness exam and administer any necessary vaccinations at your expense. If your pet is not a patient at Ammon Veterinary Hospital and has received vaccinations elsewhere, we would be happy to call your pet's current veterinarian to update our records.*

Is your pet being treated for any medical conditions at this time? Yes _____ No _____

If yes, please explain:

Does your pet have any allergies, and would you like us to use an allergy shampoo on your pet?

Yes _____ No _____ If yes, please explain:

If your pet is severely tangled or matted, there may be an additional fee. Severe tangles or matting may also increase the risk of injury.

I understand that my pet is severely tangled or matted and requires shaving. Please initial _____

I, _____, give the groomer at Ammon Veterinary Hospital permission to bathe and groom my animal. I realize that grooming requires the use of scissors and other cutting instruments and that such use may result in injury if the animal moves suddenly, or if the animal is severely tangled or matted. I understand that the doctors, Ammon Veterinary Hospital, groomer and staff will not be held responsible for injuries while in the course of normal routine care. In the case of injury due to movement of my animal, or complications due to matting, I **authorize** _____ **do not authorize** _____ immediate veterinary care of my pet.

Signature of Owner or Agent

Date

_____ I would like this form to be effective for 1 year from date of signature.

_____ I would like this form to be effective only for the date of signature.