



GROOMING APPROVAL FORM

Welcome to Parkland Veterinary Hospital! Please note that all grooming services are performed by a trained **INDEPENDENT GROOMER**.

First Name: _____

Last Name: _____

Pet(s) Name: _____

RULES AND POLICIES FOR GROOMING

1. New clients are required to have a **PRE-GROOMING EXAM (\$\$)** to establish as client.
2. All pets admitted must be current on their vaccinations
 - **(FELINE: RABIES & FVRCP; CANINE: RABIES & BORDETELLA)**
3. Any pet found to have **FLEAS or TICKS** will be treated at the owner's expense.
4. At Parkland Veterinary Hospital, there is nothing that is more important to us than the health and well-being of the pets in our care. Your pet is important to us. Because 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. Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. If your pet is severely tangled or matted, it is at greater risk of injury, stress and trauma. All precautions will be taken. However, problems occasionally arise, such as cuts, nicks, clipper irritation and mental or physical stress. In the best interest of your pet, we request your permission to obtain immediate veterinary treatment should it become necessary. I release **the Groomer, Parkland Veterinary Hospital P.A., and its staff** from any and all claims, damages, liability, accident, illness and injury.
5. I further acknowledge that I am completely responsible for the actions of myself and my pet(s).
6. This agreement applies to all current and future pets that will undergo grooming services at Parkland Veterinary Hospital.

I hereby grant permission to Parkland Veterinary hospital to obtain emergency veterinary treatment for my pet at my expense. I have read, understand, and accept the above grooming policies.

Client Signature: _____

Date: _____