Grooming Release Form

Date _____ Pet's Name _____

Breed _____ Species _____

Age_____ Color_____ Male/Female Spayed/Neutered/Neither

Owner _____

Address _____

Phone Number _____ Email address _____

Grooming Instructions_____

Marek Veterinary Clinic recognizes the importance in ensuring your pet is healthy. If, during grooming, physical ailments are noted by the staff, I _____authorize _____DO NOT authorize the veterinarian to perform a routine physical exam on my pet. ***All exams, diagnostics and treatments authorized by the owner are at owner's expense and must be paid in full at time of pick-up.***

Please accept or decline the following additional procedures, which will be performed at owner's expense:

- Vaccinations: Canine Rabies DHLPP-C Bordetella
  Feline Rabies FVRCP FELV
- Canine Heartworm Test Y N
- Feline Leukemia/FIV Test Y N
- Fecal/Oral Dewormer Y N
- Flea Prevention Y N
- Heartworm Prevention (requires current heartworm test) Y N
- Other Vaccinations/Services _____

*** All animals being groomed MUST have proof of rabies, DHLPPC and bordatella vaccinations given within the last 6-12 months or the animal WILL be vaccinated at the time of visit at owner's expense. Also, if fleas and/or ticks are noted on your pet during grooming, your pet will be treated for fleas/ticks at the time of visit at owner's expense.***

X_____

Signature/Date