

FOUR PAWS ANIMAL HOSPITAL
Grooming Form

Owner Name: _____ **Pet Name:** _____

Breed: _____ **Age:** _____

Grooming Instructions: _____

Medical Conditions:

Please describe any physical problems that your pet has, such as: deafness, blindness, epilepsy, arthritis, hip or other joint problems, allergies, skin problems, recent surgeries, or other. Also, please include any medication(s) your pet is currently taking.

I understand that I must provide proof of the required current vaccinations:

Dogs: DHPP-vaccine, Rabies vaccine, Bordetella vaccine

Cats: Rabies vaccine, FVRCP vaccine

Otherwise, I authorize the vaccinations to be given at my expense.

I authorize my pet to receive a sedative if necessary, at my expense.

Contact information:

Primary phone: _____ **Alternative phone:** _____

Signature: _____

Date: _____