



Pet's Name:

Owner:

Date:

Gender:

Breed & Color:

Age:

GROOMING – DAY ADMISSION APPOINTMENT

****CONTACT PHONE NUMBERS:** Please list the phone number(s) where we can reach you today:

GROOMING SERVICES REQUESTED: Your pet must be a current patient of Atlantic Veterinary Hospital, up-to-date on wellness exams and vaccines, in good general health, and amenable to gentle handling by our staff. Please check any services you'd like for your pet today:

Cleansing Spa Bath, Blow Dry, & Brush	Comb-out
Toe Nail Trim	Mats Shaved
Hygiene Sani-Clip	Cat Lion Cut (sedation may be required)*
Anal Glands Expressed	Brief Ear Cleaning*

*For your pet's safety, a brief doctor exam is required prior to sedation or ear cleaning, and additional charges apply. We will call for authorization before proceeding if more extensive grooming requires sedation.

FLEAS: We are dedicated to providing a *Flea Free Environment* for our patients. All pets are checked for fleas upon entry and discharge. If fleas are found on your pet, we will administer an appropriate flea treatment at an additional cost.

MORE INFORMATION:

- I'd like the ability to access my pet's medical records, lab results, and discharge instructions online
- I'd like more information about Atlantic Veterinary Hospital's Wellness Packages.
- I would like more information about pet insurance.

PICK-UP TIME REQUEST: What time would you like to pick-up your pet? _____

We will do our best to accommodate your request, but ask for your understanding if the care of your pet and our other patients does not allow it. *Please advise us of any special circumstances in regard to today's appointment.*

Owner/Authorized Agent: (please print) _____

Signature: _____

Date: _____

****This form must be thoroughly completed and signed to initiate care.****

Payment in full is required at patient discharge.

It's a pleasure to care for you and your pet. Thank you!