



Grooming Form

My Pets Vet Animal Hospital – San Antonio Texas - 9702 Huebner Rd, Suite 104

Client Name: _____

Patient Name: _____

Preferred Pick-Up Time: _____

(We do our best to complete grooms at your preferred pick-up time, however this is not a guarantee. We will call at the earliest pick-up time available.)

All grooming services include: Bath, blow out, nail trim, ear cleaning and plucking, anal gland expression, and bandana or bows. All grooming prices are subject to change depending on matting or behavior.

Fragrance (free of charge): Yes ___ No ___ **Bandana (free of charge):** Yes ___ No ___

Please mark one option below

Option 1:

_____ Bath Package

Option 2: (includes bath)

_____ Maintenance Groom (Includes face, feet , and sanitary clip only, no cut on body)

Option 3: (full body cut and includes bath)

_____ Summer Cut (Leaves roughly 1/4" to 1/2" left on the body unless otherwise requested)

_____ Puppy Cut (1/2 off pets current length unless otherwise requested)

_____ Breed Specific Cut (Cocker , Westie , Carin, Schnauzer only)

Additional:

Teeth Brushing (\$5)_____ De-Shedding (starting at \$6)_____ Dremmel(\$10)_____

Specific instructions for face and ears: _____

Specific instructions for body, feet, and tail: _____

In the event of an emergency, I authorize My Pet's Vet to provide veterinarian attention for my pet at my expense. I understand that all attempts will be made to contact me in the event of an emergency. I understand that if my pet is matted, there is an up-charge and there is an increased risk for clipper burns and/or cuts due to the difficulty of attempting to get a sharp clipper blade

between the skin and the matt. Although the staff will take all necessary precautions to prevent stress, grooming can be stressful to some pets. I also understand that it is necessary to have my pet up to date on all vaccinations prior to grooming or we will be happy to do them on that day.

_____ Please initial if we could feature your pet on our social media pages

Signature of owner/agent: _____

Contact Phone Number: _____

Today's Date: _____