

Family Pet Clinic Veterinary Hospitals

6724 Mid-Cities Blvd.
North Richland Hills, TX 76180
Main: (817) 788-2525
Fax: (817) 788-5575

6813 Grapevine Hwy.
North Richland Hills, TX 76180
Main: (817) 284-9285
Fax: (817) 589-0198

303 W. Northwest Hwy.
Grapevine, TX 76051
Main: (817) 488-4618
Fax: (817) 251-1760

Professional Grooming Admission Form

Pet's Name: _____ Date: _____

Breed: _____ Age: _____

Owner/Caretaker: _____ Phone 1: _____

Email: _____ Phone 2: _____

Preferred Method of Contact (*circle*): Phone / Email

Preferred Method of Payment (*circle*): Prepaid or Credit on Acct. / Cash / Check / Credit Card

Pet Status (*circle*): New / Revisit

Grooming Requests

Full Groom per Standard Breed Cut

Same As Last Visit (*Revisits only*)

Full Groom per Shave Down

Bath & Clip Only

As Described Below (*please be specific*)

Face _____ Body _____ Tail _____ Feet _____

Other _____

Estimated Charge for Groom: _____

*(Note: This is an estimate for the **groom service only** and may not include further requested, required or ancillary handling services per policy. Actual charges may vary.)*

Preferred Pick-up Time: _____

(Note: Attempts will be made to accommodate the requested time for pick-up however please be advised we cannot guarantee this request. You will be contacted as soon as your pet is ready for pick-up or you are welcome to pick-up your pet before hospital closing. Any pet not picked-up by closing time will be boarded comfortably overnight at the owner/caretaker's expense.

Pet Belongings: _____

For Your Pet's Health

Special Care / Pre-Existing Conditions / Medical Issues / Medications

Additional Services Requested (further admission/treatment consent forms may be necessary)

Medical Requirements and Waiver:

To insure the protection of our staff, other clients and all pets under our care, the pet listed above must have received a veterinary physical exam and species specific infectious disease vaccines including DHPP and Bordetella (dogs only) and FVRCP (cats only) **within the last twelve months**, be current on Rabies (both dogs and cats) per municipality requirements where pet resides and be free of internal/external parasites. If the pet has not received the above mentioned items within the required timeframes or is noted to have parasites, Family Pet Clinic will provide treatment in accordance with the above mentioned policy at the owner/caretaker's expense.

The owner/caretaker also assumes full responsibility to provide payment for any additional services required to handle pet in a safe manner, including, but not limited to, sedation or staff restraint.

In the unlikely event that the pet develops a severe or life-threatening illness during its stay, Family Pet Clinic will make every effort to contact the owner/caretaker listed above as soon as possible. If no one can be reached, please indicate with your initials, the preferred means of either care option below. Please note that with either selection, outcomes of care are not implied or guaranteed.

____(A) Family Pet Clinic has the authority to perform all services deemed necessary to provide my pet the highest level of medical care and I accept full responsibility for any and all costs that may be incurred for such services.

OR

____(B) Family Pet Clinic has authority to only provide supportive medical care until specific authorization is provided. Supportive care refers to medications and/or treatments used to alleviate pain and to stabilize vital signs. I accept full responsibility for any and all costs that may be incurred for such services.

PAYMENT FOR ALL SERVICES IS DUE AT TIME OF DISCHARGE.

Owner/Caretaker's Signature: _____