



The Animal Hospital of Havre De Grace
 Susan Miller - Certified Groomer
 2120 Pulaski Highway
 Havre De Grace, MD 21001
 (410) 272 - 8656

Grooming Consent Form

Owner:
 Date:
 Home Phone:
 Work Phone:
 Cell Phone:

Pet's Name:
 Species:
 Breed / Color:
 Sex / Age:
 Weight:

It's time to get our groom on, but before we can do that...

When was the last time your pet was groomed? _____

Where was your pet groomed last? _____

Were you pleased with the results? _____

Is your pet on any medications? _____

When was the last flea medication given? _____

Does your pet have any allergies? _____

Is your pet aggressive at all? If so what makes them aggressive? _____

Is your pet familiar with being in a crate? _____

Number you can be reached at while your pet is with us today? _____

Is your pet having any other services done with us today? _____

How would you like your pet groomed today? _____

If we photograph your pet during the grooming process, may we use the photos for promotional purposes?
 _____ Yes _____ No

The items you are leaving with your pet today is _____

By signing this consent to the above services and agree to told the veterinarians and staff of the animal hospital of Havre De Grace harmless, in the absence of negligence, for any injury, escape, or complication resulting from these services. In the event of an emergency if your pet requires medical services, our staff veterinarians will treat and stabilize your pet. Additional fees may apply.

In the event of fleas/ticks found on the pet during the grooming process, we will treat your pet to prevent spread of the parasite to the rest of the clinic, fees will apply.

 Sign

 Date