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E-mail: info@odahcenter.com
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☐ **GROOMING (HAIRCUT) BY APPOINTMENT** ☐ **BATH ONLY**

Number to call when my pet is ready: _____

GROOMING (HAIRCUT) INSTRUCTIONS: _____

☐ I authorize extra mat clipping and brushing at regular fees, if the attending groomer feels it is necessary.
☐ I authorize up to but not to exceed a $45.00 extra charge if the groomer needs an assistant to hold my pet during the haircut.

BATHING INSTRUCTIONS: _____

☐ Bath (includes nail trim and ear cleaning)

ADDITIONAL SERVICES: (Additional Fees Apply)

☐ Moisturizer ($33 to $38)
☐ Tooth brushing ($18.00)
☐ Express anal glands ($56.50)
☐ Clip mats (Ask for estimate)
☐ Dremel nails with grooming ($36)

MEDICAL SERVICES REQUESTED: (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM):

☐ Update all **required** vaccines, annual test and exam: ***Canine*** (Rabies*, DaP* or DHPP*, Leptospirosis*, Bordetella, H3N8 CIV, H3N2 CIV and Fecal test)

Feline (Rabies* and FVRCP* or HCP*)

☐ Please also update all **recommended** vaccines, annual test and exam: ***Canine*** **(**Lyme vaccine* and Heartworm test)

Feline **(**Fecal test and Feline Leukemia* vaccine)

☐ Additionally, please update all **required** vaccines my pet will be due to receive **within the next 45 days**

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☐ Check vaccine and annual test history at_____

☐ Update annual physical and wellness tests (Comprehensive examination and lab work)

☐ Request Doctor _____ to examine (we may need to substitute a doctor), and ☐ treat after requested exam or ☐ call before treating.

I am the owner of the animal described above and authorize Old Dominion Animal Health Center (ODAHC) to provide medical services and other services as necessary to preserve my pet's life and well-being, and I absolve and release ODAH Center from any loss, expense, and/or liability arising from the performances of these services. I understand that occasionally, grooming can expose a hidden medical problem, or aggravate an existing one. This can occur during or after grooming. I also understand that the animal must be current on all vaccinations and parasite checks. I authorize the animal to be vaccinated and/or bathed if necessary and that all services will be charged at the regular hospital fees. I accept all financial responsibility for the above services and understand that, unless agreed to in advance, these fees must be paid before my pet is released.

AUTHORIZATION:

Initials

*** I ALSO ACCEPT THAT ANY MEDICAL CONDITION WE BELIEVE TO BE PUTTING THIS PET IN PAIN OR RISK, INCLUDING INTESTINAL UPSET, WILL BE TREATED IMMEDIATELY AT REGULAR HOSPITAL FEES.**

*** ODAHC IS NOT RESPONSIBLE FOR THE LOSS OR DESTRUCTION OF ANY ITEMS LEFT WITH THE PET.**

Print Pet's Name _____Print Your Name _____

Signature _____ Date_____

GROOMING AUTHORIZATION