

GROOMING RELEASE FORM

Tram Road Animal Hospital
Beth A. Turner, DVM

<date>

Owner: <first-name> <last-name>

Case No: <number>

Street: <address>

City: <city>

Phone: <phone>

Patient: <animal>

Breed: <breed>

Sex: <sex-name>

Age: <age>

Color: <color>

Weight: _____

Grooming Packages (circle one)

Basic (Bath and Ear Cleaning)

Small 1 – 25#-- \$25.00

Medium 26 – 50#-- \$30.00

Large 51 – 100#-- \$35.00

Deluxe (Bath, Ear Cleaning and Nail Trim w/ Bandana)

Small 1 – 25#-- \$33.00

Medium 26 – 50#-- \$38.00

Large 51 – 100#-- \$43.00

Grooming (Body Clip, Bath, Ear Cleaning, Nail Trim, Anal Gland Expression w/ Bows and Bandana)

Small 1 – 25#-- \$55-\$60

Medium 26 – 50#-- \$60-\$65

Large 51 – 100#-- \$70 and up

Pricing for dogs over 100# will vary

Discounted Extras (circle all that apply)

Prices may vary

Facial Trim-- \$7.50

Clip Mats-- \$7.50

Anal Gland Expression-- \$15.00

Brush Teeth-- \$5.00

Ear Canal Hair Removal-- \$10.50

Nail Grind-- \$10.00

Sanitary Clip-- \$10.00

Paw Trim-- \$10.00

Nail Trim-- \$8.00

Add Bows-- \$2.00

Nail Polish-- \$7.50

Blow Out-- \$20.00

I, the undersigned, understand that this is a “No Frills” grooming facility. Therefore, I realize that there is not a professional groomer at this facility. I also understand that the facility can not guarantee specific show cuts or lengths. (Initials) _____

I, the undersigned, do hereby certify that I am the owner (duly authorized agent for the owner) of the animal described above, that I do hereby give Beth A. Turner, DVM, her agents, servants, and/or representatives full and complete authority to perform the grooming/treatment procedure described. I do hereby forever release the said Doctor, her agents, servants, or representatives from any and all liability arising from said treatment on said animal.. (Initials) _____ .

If the Doctor finds any problems, such as a skin, ear or anal gland infection, I wish for the Doctor to examine and prescribe the necessary medications for my pet and for the amount of the treatment to be added to my bill. (Initials) _____ (circle one) Yes No

I understand that payment is to be made in full at the time of my pets discharge (The hospital does NOT accept checks, offer delayed billing or payment plans. We are sorry for any inconvenience). (Initials) _____

I authorize Tram Road Animal Hospital to take before and after pictures of my pet to display on their Facebook page as well as in their Before and After Grooming photo album. (Initials) _____

Phone number where you can be reached immediately throughout the day in case of emergency.

(_____) _____ Signed _____ Date _____
<first-name> <last-name>