



G.W.Bryce, B.V.Sc. (Hons.)  
N.C.Johnson, B.V.Sc.  
& ASSOCIATES  
VETERINARY SURGEONS & PHYSICIANS  
ABN 27 096 990 135

335 PRINCES HIGHWAY  
BOMADERRY, 2541  
Phone/Fax, 4421 3133  
www.bomaderryvets.com  
bomvet@shoal.net.au

## CLIPPING/GROOMING ADMISSION FORM

Owner's Name: \_\_\_\_\_ Today's Contact Number: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

### Grooming Details (please tick)

- Nail Clip & Ear Clean -
- Bath and Blow dry only -
- Full Clip, Bath and Blow dry -
- Partial Clip, Bath and Blow dry - *Please list your specific grooming requirements below:*

While your pet is with us, are there any other services our hospital can offer? (please tick)

- Microchipping
- Vaccination
- De-worming
- Ear Plucking
- Anal Glands

**\*All animals admitted for grooming must have as a minimum a current C3/F3 vaccination status.**

Date of last Vaccination: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

Canine Cough vaccination is strongly recommended for dogs.

**This is for the safety of your pet and also for the safety of other animals in the hospital**

If during the grooming procedure your pet becomes overly anxious or stressed, then for the benefit of your pet, the veterinarians will administer anti-anxiety medication. A health examination prior to this will ensure your pet is fit to receive this medication. This anti-anxiety medication prevents distress and anxiety, and helps to stop your pet developing ongoing phobias related to grooming. Your pet's health is paramount and every precaution is taken to ensure your pets well being.

**By signing this form you are acknowledging, and consenting to, the administration of this treatment if necessary.**

**Please note** that if we find that your pet has **Fleas**, we will administer a **Flea treatment** (extra charges apply)

### I DECLARE:

- That I am over 18 years of age.
- That I am the owner of this pet OR that I am authorised by the owner to sign this form.
- That I will pay all fees owing at the time of discharge unless alternative arrangements have been made with the veterinarian **IN WRITING** before signing this form (the written agreement **MUST** be attached to this form for it to be valid).
- That I recognise that there is some degree of risk attached to any medical procedure and that I have discussed any concerns I may have with the veterinarian and hereby release the veterinarian and any person associated with the hospital from all legal action, rising directly or indirectly from the grooming/sedation.

**That I have read and understood this form, agree to the conditions and consent**

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_