

Hope Veterinary Hospital Grooming Instructions

Pet Parent Info:

First and Last Name: _____

Phone Number: _____ Secondary

#: _____

Call When Ready: _____ Pick-up no later than: _____ (when feasible)

Pet Info:

Name: _____ Breed: _____

Color/Markings: _____ Approx. Weight:

Sex: M / F Age: _____ Boarding? Y / N Seeing the Vet? Y / N

*medical services may or may not extend grooming time

Preferred Services (check all that apply)

Full Styling _____

Bath & Trim (face, feet, sanitary) _____

Add-Ons (additional cost):

Ear Plucking (\$2) _____

Whitening Shampoo (\$10) _____

De-shedding treatment (\$13) _____

Nail Grinding (\$5) _____

Anal Gland Expression (\$3) _____

Flea & Tick Shampoo (\$13) _____

Teeth Brushing (\$5) _____

*if your pet has fleas/ticks they will be treated at your expense

Groomer Use Only:

De-Matting Fee \$_____ (de-matting fees may range from \$5-\$40 at groomer discretion)

Special Handling \$_____ Sedation \$_____

Matting: While groomers at HOPE/FRAC will try to style your babies in accordance with your wishes, we may have to shave your pet. If matting presents in any way that affects your pet's wellbeing, your groomer will take necessary actions with or without notice. Please understand that matting can be dangerous and painful for your pet. Matting restricts blood flow to the skin and may hide other skin conditions. Matting can also trap moisture on the skin resulting in various infections and sores. Removal of mats may cause hematomas due to the sudden restoration of blood flow to affected areas. Due to the additional work associated with matting, there may be an additional charge.

Sign: _____ Date: _____

Groomers at HOPE/FRAC are independent contractors and not employees. HOPE/FRAC is in no way liable for services provided by your groomer. While groomers at HOPE/FRAC are autonomous they are required to adhere to all standards, procedures, and policies set forth by management and will at times be required to perform duties as it would relate to their roles at HOPE/FRAC

Sign: _____ Date: _____

The utmost care will be given to your pet during their services, however medical attention may be sought in the event of an emergency. Your groomer will notify you if medical attention was given, and the reason. Any expenses incurred for medical attention will be the sole responsibility of the pet parent

Sign: _____ Date: _____

Pet Parent Notes:

Groomer Notes (groomer use only):