

All Springs Veterinary Hospital

Pet Grooming



Owner Information:

Name: _____

Phone #s: _____ / _____

Address: _____

I grant All Springs Veterinary Hospital, its representatives and employees the right to take photographs of my pets and may use and publish them in print and/or electronically. I agree they may use them for such purposes as publicity, illustration, teaching, advertising, and Web content.

I do not wish to grant All Springs Veterinary Hospital the right to photograph my pet for any purpose.

I am responsible for my pet's behavior while in your care. I do hereby authorize All Springs Veterinary Hospital to provide my pet emergency veterinary treatment if needed. ASVH maintains a flea free hospital. I understand if fleas are found on my pet, ASVH may treat or medicate as needed and I will be responsible for all charges.

Pet Information:

Name: _____

Breed: _____

Color: _____

DOB: _____

Male/Female: _____

Spayed/Neutered: _____

Veterinarian: _____

For the safety of your pet, we require the following vaccines to be up to date before your pet is groomed. Records are required if vaccines were not performed at All Springs.

Hospital Use Only:

Rabies:

Due Date: _____

Received at: _____

Bordetella:

Due Date: _____

Received at: _____

Da2pp:

Due Date: _____

Received at: _____

Date: _____

Signature: _____

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