

East Plano Murphy Pet Hospital
627 W. FM 544, Murphy, TX 75094

Grooming Drop off Authorization

Name of Pet: _____ Name of Owner: _____

I am the owner or agent of the above-named pet and have the authority to execute this consent. I authorize the performance of the procedure(s) below. I assume financial responsibility for all services rendered and understand that payment is due on the date of the procedure.

If my pet is found to have fleas, I understand that he/she will be treated for it.

Pick up time will be between 5:30 PM to 6:30 PM, unless otherwise notified.

GENERAL GROOMING SERVICES INCLUDE: NAIL TRIM AND ANAL GLAND EXPRESSION

- 1. Teeth Brushing (if possible) \$10.00 yes () no ()
- 2. Nail Grinding \$24.00 yes () no ()
- 3. Exam if needed \$30.00 yes () no ()
- 4. Refill meds/food yes () no ()
- 5. Vaccines yes () no ()
- 6. Additional \$40/hr if groomer needs to do dematting. Owner's initial: _____
- 7. Option at no cost please circle: Bandana Hair bow None
- 8. (Optional) Tip to Groomer Amount \$ _____

Owner's Instructions for Groomer:

Shave Release: I give permission for the groomer to shave my dog if needed. Yes () No () Call First ()

Signature of owner or agent: _____ Date: _____

Number where you can be reached today: _____

Estimated Cost (for tech): \$ _____ to \$ _____ Owner's Initial: _____

Deposit: \$ _____

Tech Notes: