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- GROOMING (HAIRCUT) BY APPOINTMENT BATH ONLY

PHONE NUMBERS WE MIGHT NEED TODAY:

Home: _____ Work: _____ Cell: _____

GROOMING (HAIRCUT) INSTRUCTIONS: _____

- I authorize extra mat clipping and brushing at regular fees, if the attending groomer feels it is necessary.
- I authorize up to but not to exceed a \$35.00 extra charge if the groomer needs an assistant to hold my pet during the haircut.

BATHING INSTRUCTIONS: _____

- Bath (includes nails and ears)
- My assigned pick up time is _____ P.M. I would like a call if my pet is ready early

ADDITIONAL SERVICES: (Additional Fees Apply)

- Moisturizer (\$23 to \$28)
- Clip mats (Ask for estimate)
- Express anal glands (\$50)
- Dremel nails (\$47)
- Dremel nails with grooming (\$26)
- Tooth brushing (\$13.00)

MEDICAL SERVICES REQUESTED: (VACCINES WITH AN ASTERISK REQUIRE A PHYSICAL EXAM):

- Update all **required** vaccines, annual test and exam: **Canine** (Rabies*, DaP* or DHPP*, Leptospirosis*, Bordetella, CIV and Fecal test)
Feline (Rabies* and FVRCP* or HCP*)
- Please also update all **recommended** vaccines, annual test and exam: **Canine** (Lyme vaccine* and Heartworm test)
Feline (Fecal test and Feline Leukemia* vaccine)
- Additionally, please update all **required** vaccines my pet will be due to receive **within the next 45 days**
- Additionally, please update all **recommended** vaccines my pet will be due to receive **within the next 45 days**
- Check vaccine and annual test history at _____
- Update annual physical and wellness tests (Comprehensive examination and lab work)
- Request Doctor _____ to examine (we may need to substitute a doctor), and treat after requested exam or call before treating.

I am the owner (or agent) of the animal described above and authorize Old Dominion Animal Health Center (ODAHC) to provide medical services and other service as necessary to preserve the animal's life and well being including appropriate general, parenteral or oral anesthesia and I absolve and release ODAH Center from any loss, expense, or liability arising from the performances of these services. I also understand that the animal must be current on all vaccinations and be free of fleas. I authorize the animal to be vaccinated, bathed and dipped if necessary and that these services will be charged at the regular hospital fees. I understand that the center is closed and not professionally staffed outside of regular business hours, except by appointment or in an emergency; however, an experienced staff member lives on the premises and staff is provided for cleaning, feeding and exercising during off hours. I accept all financial responsibility for the procedures listed above and understand that, unless agreed to in advance, these fees must be paid before my pet is released.

AUTHORIZATION:

Initials

- * I ALSO ACCEPT THAT ANY MEDICAL CONDITION WE BELIEVE TO BE PUTTING THIS PET IN PAIN OR RISK, INCLUDING INTESTINAL UPSET, WILL BE TREATED IMMEDIATELY AT REGULAR HOSPITAL FEES.
- * BOARDING CHARGES ARE ACCRUED BY CALENDAR DAY.
- * ODAHC IS NOT RESPONSIBLE FOR THE LOSS OR DESTRUCTION OF ANY ITEMS LEFT WITH THE PET.

Print Pet's Name _____ Print Your Name _____

Signature _____ Date _____

GROOMING AUTHORIZATION