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- GROOMING (SUBJECT TO APPOINTMENT) BATH ONLY

Number to call when my pet is ready: _____

GROOMING (SUBJECT TO APPOINTMENT): _____

- I authorize extra ear-clipping and brushing at regular times, if the attending groomer feels it is necessary.
 I authorize up to but not to exceed a \$25.00 extra charge if the groomer needs an assistant to hold my pet during the bath.

EXTRA CHARGES: _____

- Bath includes nail trim and ear cleaning

ADDITIONAL SERVICES (additional fees apply):

- | | |
|---|--|
| <input type="checkbox"/> Manicure (\$11 to \$16) | <input type="checkbox"/> Clipper (Add fee estimate) |
| <input type="checkbox"/> Teeth brushing (\$14.00) | <input type="checkbox"/> Dental scale with grooming (\$24) |
| <input type="checkbox"/> Express and glands (\$26.00) | |

NEEDLE MARKERS (implanted) your pet will be an extremely responsive animal at all times:

- Update of required vaccines, annual test and exam **Canine** (Distemper, CDV*, or DAPP*, Leptospirosis*, Bordetella, B19, B16, B20, B17 and Blood test)
Feline (Distemper, FIP*, or FCP*)

- Please describe all recommended vaccines, annual test and exam **Canine** (Eggs vaccine* and Heartworm test)

Feline (Feral test and Feline Leukemia* vaccine)

- Additionally, please update all required vaccines my pet will be due to receive **within the next 30 days**
 Additionally, please update all recommended vaccines my pet will be due to receive **within the next 90 days**
 Check vaccine and annual test history at _____
 Update annual physical and wellness tests (Comprehensive examination and lab work)
 Report from _____ to enable me to send a suitable e-collar, and I will also request exam of I call before leaving.

I am the owner of the animal described above and authorize Old Dominion Animal Health Center (ODABC) to provide medical services and other services as necessary to preserve my pet's life and well-being, and I authorize and release ODABC Center from any fees, expense, and/or liability arising from the performance of these services. I understand that occasionally, grooming can expose a hidden medical problem, or aggravate an existing one. This can occur during or after grooming. I also understand that the animal must be current on all vaccinations and parasite checks. I authorize the animal to be vaccinated and/or treated if necessary and that all services will be charged at the regular hospital fees. I accept all financial responsibility for the above services and understand that, unless agreed to in advance, these fees must be paid before my pet is released.

AGREEMENT:

* I FULLY ACCEPT THAT ANY MEDICAL CONDITION WE BELIEVE TO BE POTENTIAL EMERGENCY FOR MY PET OR BIRD, OR LIFE OR LIMB EMERGENCY, WILL BE TREATED IMMEDIATELY AT REGULAR HOSPITAL FEES.

** I AM NOT RESPONSIBLE FOR THE LOSS OR DESTRUCTION OF ANY ITEMS LEFT WITH THE PET.



Initial

Print Pet's Name _____ Print Your Name _____

Signature _____ Date _____

GROOMING AUTHORIZATION