



Companion Animal Care Center
3340 Paper Mill Road
Phoenix, MD 21131
410-628-8387

GROOMING CONSENT

I certify that I am the owner or agent of this pet and have the authority to execute this consent. This pet is being presented for grooming.

Included in every grooming are a nail trim, anal sac expression, and ear plucking if necessary. Please note any of these you do not wish to be performed on your pet:

I would like to have my pet groomed in the following manner:

() Routine trim (please note desired length): _____

() Puppy cut (face and paws trimmed only)

() Shave down

() Tooth brushing (additional fee of \$10)

Other instructions: _____

I am aware that Companion Animal Care Center requires that all patients admitted for grooming must be up to date on their distemper and rabies vaccines.

According to our records, your pet is due for:

_____ () Approve () Decline

Companion Animal Care Center agrees to exercise reasonable care and to provide clean, safe housing. As owner or agent of this pet, I realize that I am responsible for the above services to be paid in full at the time of discharge.

Contact number: _____

Owner's signature: _____ Date: _____