

COMMUNITY ANIMAL HOSPITAL GROOMING CHECK IN

DATE _____ NEXT APOINTMENT IN _____ WEEKS _____ CALL WHEN READY OR PICK UP BY _____ O'CLOCK

OWNERS NAME _____ PETS NAME _____

TODAYS PHONE NUMBER _____ COLOR/BREED _____

OK TO TEXT? Y/N _____ FLEA AND TICK PREVENTION USED _____

EMAIL _____ KNOWN MEDICAL CONDITIONS? _____

IS YOUR PET BOARDING? Y/N _____ DROP OFF DATE _____ PICK UP DATE _____

DOES YOUR PET NEED TO SEE OUR VETS TODAY? Y/N reason _____

_____ *REGULAR CUSTOMER same groom as last time

_____ GROOM BATH AND BLOW DRY ONLY -----INCLUDES NAILS CLIPPED/DREMMELED, EARS CLEANED(PLUCKED), ANAL GLANDS EXPRESSED, COLOGNE, BRUSHING AND COMB OUT (EXTRA FEES FOR MATTED OR IMPACTED COAT).

CANINE SERVICES.....choose one

FELINE SERVICES -----choose one

_____ SANITARY AND SHAPE UP feet,face,belly, potty area

_____ BATH/BRUSH ONLY

_____ SUMMER CUT- short body,cute face

_____ SANI TRIM/BATH/BRUSH

_____ KENNEL CLIP- short all over including ears, face, and tail

_____ CAT CLIP (short body, leave face,boots and

_____ PUPPY CUT-1 to 2 inches all over, fluffy but short

tail, INCLUDES BATH

_____ LION CLIP (keep hair down to the shoulder)

_____ BREED STANDARD CUT _____

*ALL HAIRCUTS INCLUDE BATH, NAILS CLIPPED/DREMMELED, EARS CLEANED(PLUCKED), GLANDS EXPRESSED.

TAILS ARE TYPICALLY LEFT NATURAL UNLESS OTHERWISE SPECIFIED

ADDITIONAL OPTIONS....

_____ TRIM EARS

_____ BRUSH TEETH (\$5)

_____ TRIM TAIL

_____ PLUM FACIAL SCRUB (\$8)

_____ CLEAN FEET (POODLE)

_____ MEDICATED PRESCRIPTION BATH (\$5 TO \$10)

_____ CLEAN FACE (POODLE)

_____ SOOTHING ITCH RELEIF BATH (\$5)

_____ BOWS

_____ PAW/NOSE CONDITIONING TREATMENT (\$5)

NAIL POLISH _____ COLOR _____ SOFT PAW NAIL CAPS _____ FRONT ONLY(\$25) _____ ALL 4 PAWS (\$35)

CHARGES MAY APPLY FOR MATTED COATS, IMPACTED UNDERCOAT, PARASITES, BEHAVIOR OR OTHER CONDITIONS THAT ADD TO THE USUAL GROOM TIME.

OTHER NOTES FOR YOUR GROOMER _____

COMMUNITY ANIMAL HOSPITAL BOARDING CONSENT FORM

Owner Name: _____ Phone Number: _____

Patient(s) Name: _____

Initials:

_____ Your pet will be boarded in a kennel size and location deemed appropriate by the staff. The staff uses temperament, age, duration of stay, medical issues and availability to make this selection.

_____ We provide bedding, bowls, and variety of foods; however you must supply your pet's food if s/he has any food allergies or requires a special/prescription diet. You can leave your pet's personal belongings such as bedding, toys, etc. but there is a chance they could be destroyed by chewing or mixed into circulation with our general laundry and may be difficult to identify and return. We cannot assume any responsibility for belongings that become damaged or lost. We recommend labeling all belongings with our pet's name and your last name.

_____ For the health of your pet, other boarding pets and all of our patients, an annual exam and vaccines (DHPP, Bordetella, & Rabies for dogs; FVRCP, Fel Leuk, & Rabies for cats) must be current. We recommend your pet be on flea prevention and be dewormed at least annually. If your pet is not current or you cannot provide documentation of current exam and vaccines, we must examine and vaccinate your pet. If we are not your pet's medical provider, please provide clinic name and city where your pet receives his/her routine care: _____

_____ Accidents happen! In an unfamiliar environment, even diligently house-trained pets may urinate or defecate in their kennel or on their bedding. As such, most pets will need a bath after boarding. Baths are performed in the morning after all pets are walked and fed and bathed pets are able to be picked up after 12:00 noon (or later depending on the number of baths given). Our bath includes shampoo, nail trim, ear cleaning and anal gland expression. If you desire a bath, please complete the Community Animal Hospital Bathing Options Form.

Please indicate if you would like to have you pet bathed: Yes _____ No _____

_____ Please remember we will not be liable for problems caused by your pet eating bedding or other items in his/her kennel or any other self-inflicted injuries from scratching, pawing, biting, or digging him/herself or the kennel, etc. Should your pet develop any symptoms of illness such as vomiting, diarrhea, skin issue skipping multiple consecutive meals, etc. or we observe parasites, we must examine your pet and treat as needed.

We will make every attempt to reach you by the contact number indicated above to provide an estimate before starting any treatments, but we will start treatment as needed to maintain your pet's health, comfort and well-being. You will be charged the regular fees for any services, diagnostics or treatments necessary to stabilize your pet. We do not like to surprise people with unexpected bills, so please be sure to legibly provide an emergency contact of another person you are assigning authority to make medical and financial decisions on your behalf should you be unavailable or we have difficulty reaching you.

Emergency Contact Name: _____ Phone Number: _____

Community Animal Hospital 2021

Name _____
 First Middle Last
Address _____ City _____
State _____ Zip Code _____
Social Security # _____ - _____ - _____ Date of Birth _____ - _____ - _____
Cell # _____ Home # _____
Email _____
Employer Name _____
Work # _____

Spouse's Name _____ Cell # _____
Spouse's Employer Name _____
Spouse's Work # _____

PETS

Name _____
Species _____
Breed _____
Male / Female Neuter / Spay
Birthday _____ - _____ - _____
Color _____ Weight _____

Name _____
Species _____
Breed _____
Male / Female Neuter / Spay
Birthday _____ - _____ - _____
Color _____ Weight _____

Initials

_____ I hereby authorize Community Animal Hospital to examine, prescribe for, treat, or perform surgery upon the above described pet(s). I also consent to the administration of such anesthetics as are necessary.

_____ I agree to pay the fees for services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. In case of default of payment, I promise to pay any legal interest of 1.5% on the balance dues, together with any collection agency costs and reasonable fees.

Signature of Owner or Responsible Agent

Date

COMMUNITY ANIMAL HOSPITAL/SURGERY CONSENT FORM

CLIENT NAME: _____ PET NAME: _____

PHONE NUMBER: _____ 2ND CONTACT NUMBER: _____

Your pet is scheduled for surgery, he/she should not eat or drink after midnight the night before. Surgical patients that have not initially had an exam will receive an exam before surgery at the cost of **\$42.90** and if there is anything that may interfere with surgical safety, we will not perform the procedure.

BLOODWORK

We recommend pre-surgical blood tests for all our patients. This testing ensures that your pet can properly process and eliminate an anesthetic. While optional for a young pet, a senior pet (7+ years) must be tested due to their higher anesthetic risk. These tests can be performed 2 days prior to surgery. **The cost for this is \$64.90.**

Please circle one: Already performed Perform today Decline Mandatory (7+ years)

FLUID THERAPY

We recommend IV catheterization and fluid therapy for all our patients. While optional for young, healthy pets, senior pets (7+ years) must have an IV catheter in place during any procedure for blood pressure support and easy access to the vein. Your pet's leg will be shaved for the process. **The cost for the therapy is \$52.80.**

Please circle one: Accept Decline Mandatory (7+ years)

VACCINES

All patients must be up to date on all vaccinations appropriate for their age. The cost for this varies depending on which vaccines are needed.

Please circle: Proof provided of current vaccines Feline Leuk needed (cats only)

DHPP or FVRCP needed Bordetella needed Rabies needed

MICROCHIP

We offer microchip identification under the skin. Microchipping greatly increases the chance of finding your pet should he/she ever become lost. **The cost for this is \$51.26.**

Please circle one: Accept Decline

AT-HOME PAIN MEDICATIONS

While we give infectable pain relief medications pre-operatively, we recommend pain medications for most surgical procedures.

DOCTORS REQUIRE TAKE HOME MEDICATIONS ON SOME SURGERIES

I, the owner (or authorized agent) of the above-mentioned animal, authorize and request a surgical procedure for my pet, understanding that there are always inherent risks with any anesthetic procedure. I understand there are additional charges for in-heat animals, pregnant animals and dental extractions. In an emergency situation, I authorize the Veterinary Staff to follow through with any procedures necessary for the well-being of my pet on a continuing basis until further communication with me is possible. I understand that payment is due when my pet is discharged and I accept financial responsibility for all charges for this pet.

SIGNATURE _____ DATE _____

**COMMUNITY ANIMAL HOSPITAL
BOARDING INFORMATION FORM**

Owner Name: _____ Phone Number: _____

Date In: _____ Date Out: _____

Patient(s) Name and Description:

1. _____
2. _____
3. _____
4. _____

If more than one patient, will they be boarding together? Yes _____ No _____

Did you bring food for your pet(s)? Yes _____ No _____

If yes, do you have any instructions? _____

If your pet is not eating, can the staff try other options? Such as adding canned food or canned chicken to the food preparation? Yes _____ No _____

Is your pet allergic to any foods/materials (such as chicken, peanut butter, metal bowls, plastic bowls)? Yes _____ No _____

If yes, please list any allergies: _____

Did you bring any items? Yes _____ No _____

If yes, please list the items here: _____
