



Limerick Veterinary Hospital
Grooming with Sedation Release Form
610.489.2848

"Thank you for trusting your best friend to us"

Owner's Name _____ Date _____

Address _____

Home # _____ Work# _____ Cell# _____

Number where you can be reached (today): _____

Pet's Name _____ Breed _____ Color _____

Age _____ Sex _____ Weight _____

Has this pet received any food or water since 9:00pm last evening? **Yes** **No**
(PLEASE COMPLETE THIS QUESTION AT HOSPITAL ADMITTANCE. IF YES, PLEASE ALERT THE RECEPTIONIST)

Is this pet currently on any medications? No _____ If yes, please list _____

Has this pet ever bitten, scratched or shown aggression toward anyone in any situation?

No _____ Yes _____ If yes, please explain _____

I, Being responsible for the above-described animal, have the authority to grant you consent to sedate my pet for grooming. I understand that if my pet needs to be examined before sedation there will be an exam fee charged.

Please check which service you would like for your pet.

All grooms include a shampooing, conditioner treatment, brush out, nail trim, anal gland expression, ear cleaning, and ear plucking if necessary.

****Please note if your dog is severely matted, it may result in a total shave down****

- Brush out only.**
- Breed cut.** In a pure bred dog, this will be done to breed standards unless otherwise specified.
- Total shave down.** This cut will be as short as possible but skin will not show, tail will be left longer and blended into the body.
- Overall trim.** This service includes furnishings (hind quarters, underside, legs, chest, and tail) trimmed and excess hairs trimmed from around feet and face.
- Puppy cut.** Can be breed specific, but generally one length all over, with feet and face cut shorter. Please specify in space below approximately how long you would like coat.

Special Instructions _____

Authorized Signature: _____ Date: _____