



Abbey Animal Hospital  
1949 Lynnhaven Parkway  
Virginia Beach, VA 23453  
(757) 471-1003

OFFICE USE ONLY  
Witness: \_\_\_\_\_

**GROOMING PERMISSION FORM**

I authorize Abbey Animal Hospital to perform grooming services on my pet \_\_\_\_\_.

X \_\_\_\_\_ (initial) I understand that all precautions will be taken to ensure the safety of my pet during his/her stay at Abbey Animal Hospital. Prior to grooming, I DO DO NOT want an exam of my pet by an Abbey Animal Hospital doctor.

X \_\_\_\_\_ (initial) I understand that it is the pet owner's responsibility to inform Abbey Animal Hospital or the groomer if my pet has EVER bitten anyone, including another groomer.

X \_\_\_\_\_ (initial) Should my pet require (due to heavy matting) or I (the owner) request complete clip down, I understand there is always a slight risk of minor nicks when stripping entire coat. This is due to unseen warts, moles, or skin that can be pulled up into the mats. I further understand that when there is heavy matting moisture can be trapped near the skin allowing molds, fungus, or bacteria to flourish, resulting in a variety of skin irritations and conditions.

X \_\_\_\_\_ (initial) I understand that to ensure a flea-free environment, should any fleas be found on my pet, Abbey Animal Hospital will give a capstar. I understand additional costs may apply.

Other Procedures Being Done today: \_\_\_\_\_ X \_\_\_\_\_ (initial)

**Grooming Instructions (Please Choose):**

\_\_\_\_\_ Bath, nails, ears, and external anal glands (BNEA) ONLY

\_\_\_\_\_ Tidy Trim: Face, feet, and private area (includes BNEA)

\_\_\_\_\_ Full haircut (includes BNEA) **please describe desired style:**

**Please describe desired haircut:** \_\_\_\_\_

Special Instructions: (IE: No cologne, special shampoo, etc): \_\_\_\_\_

Add-Ons (Optional): \_\_\_\_\_ Dashed \_\_\_\_\_ Dremel \_\_\_\_\_ internal anal gland (Extra Charge)  
expression by technician

\_\_\_\_\_ Spa Package scent: \_\_\_\_\_  
(includes Dremel)

X \_\_\_\_\_ (initial) To prevent the spread of infectious disease and parasites, all animals staying in Abbey Animal Hospital **MUST BE CURRENT** on all vaccines. I have either provided current vaccination records or authorize Abbey Animal Hospital to update my pet's vaccines

X \_\_\_\_\_ (initial) For Pet's requiring sedation, I understand that all anesthesia involves some risk to my pet including (very rarely) death and unforeseen complications.

**GROOMER PREFERENCE:** \_\_\_\_\_

\_\_\_\_\_  
PHONE NUMBER

OR

\_\_\_\_\_  
2<sup>nd</sup> CONTACT #

\_\_\_\_\_  
SIGNATURE (must be 18 years of age or older)

\_\_\_\_\_  
DATE