Village Veterinary Clinic 3883 Constellation Road, LOMPOC CA 93436; 805.733.3548, fax 805.733.3540 email: boarding@villagevet.us

GROOMING RELEASE

Date:	Arrival Time:PickUp Time			ne:		
Client ID:		Patient II	<mark>D:</mark>			
Client Name: Address:		Boarde Specie Bree	er: s: d:			
Telephone:		Se Colo	x: or:			
		Weigh	nt:			
Owner authoriz		cinations DURING STAY:				
			(initials)_			
DUE DATE: Rat	oies Distemper	Bordetella – 6 month vac	etella – 6 month vaccination		HWT	
Has your pet had	d previous baths or grooms at V	illage Veterinary Clinic?	initial	Yes	No	
BATH ONLY (includes, bath, toe-nail trim, & external anal gland expression)			initial	Yes	No	
GROOM (include	es hair-cut, bath, toe-nail rim, &	external anal gland expression)	initial	Yes	No	
Internal anal glaı	nd expression - (additional cost)) \$	_initial	Yes	No	
Specific instruction	ons:					
		tional fees for coat condition. fr				

Quoted prices start on a base rate with additional fees for coat condition, frequency of grooming, dog's personality (behavior), hair length, body weight, pets requiring additional handling/sedation, etc., and time spent.

You pet may spend the majority of the day with us depending on the groomers schedule. You will be called by your pet's groomer when ready to go home. If your pet has not been picked up by 5:30 PM, you will be charged for overnight boarding.

I have previously read the boarding requirements and understand Village Veterinary Clinic hospital's policies.

Emergency Contact Person: _	Phone:

Signed by Owner/Agent

Phone

Date

We Do Not Monitor Animals After Hours