



GROOMING EXPRESS CHECKIN FORM

TODAY'S DATE: _____

PET'S NAME _____

- All pets that have fleas will be treated at a cost of \$13.58 per pet.

PLEASE CHECK ONE OF THE FOLLOWING...

1. Please groom my pet in the same manner as last time _____

2. Please call me at this phone number for grooming instructions _____

3. Please groom as described below...

As a way of protecting all boarders, we require all of the following vaccinations to be current...

DOGS

**RABIES
DISTEMPER
PARVO
BORDETELLA**

CATS

**RABIES
DISTEMPER**

PLEASE CHECK ONE OF THE FOLLOWING....

1. My pet has been vaccinated for all the above disease within the last year. _____

2. My pet is not current, please vaccinate as needed. _____

CONSENT

I certify that I am the owner of the above pet and do hereby give my consent and authorize Beechnut Animal Clinic and its staff to perform any procedures or treatments that the doctor deems necessary for health and safety of my pet while under their care and supervision. I do hereby release Beechnut Animal Clinic and its staff from any and all liability for performing the above-mentioned procedures.

I realize that I am responsible for payment in full for all treatments at the time that my pet is discharge. If I neglect to pick up my pet within 12 days of written notice that is ready for release and mailed to the given address, you are then authorized to dispose of my pet as you see fit. Abandonment does not release me from my obligations to pay the bill.

DAYTIME PHONE NUMBER _____

OWNER'S SIGNATURE _____