



4320 East Boulevard
Deer Park, Texas 77536
phone: 281-479-0405
fax: 281-241-8916

Grooming Admission Form

Date: _____

Client: _____ Pet: _____

Has your pet been coughing, sneezing or showing any respiratory disease in the last 14 days? [] Yes [] No

Grooming Instructions: Full Service: [] Neat & Clean: [] Weekly: []

Our Groomers and the Deer Park Animal Hospital are not responsible for any preexisting medical condition and/or injuries that may be aggravated by grooming services. If any non-emergency medical condition is noticed during grooming that requires medical treatment you will be notified to determine if treatment will be given by the Deer Park Animal Hospital or if you would prefer to take to your pet to your regular veterinarian.

In order to protect our patients from infectious diseases, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:
Canine- DHLPP, Influenza Combo, Bordetella & Rabies.
Feline: FVRCP & Rabies.

I UNDERSTAND MY PET WILL BE VACCINATED AS REQUIRED IF NOT PROVEN CURRENT.

I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services.

Phone number where you may be reached today: _____

What time would you like to pick up your pet? [] As soon as ready [] After 5

Signature of owner or owner's agent: _____