East Plano Murphy Pet Hospital 627 W. FM 544, Murphy, TX 75094

Grooming Drop off Authorization

Name of Pet: _____ Name of Owner: _____

I am the owner or agent of the above-named pet and have the authority to execute this consent. I authorize the performance of the procedure(s) below. I assume financial responsibility for all services rendered and understand that payment is due on the date of the procedure. If my pet is found to have fleas, I understand that he/she will be treated for it. Pick up time will be between 5:30 PM to 6:30 PM, unless otherwise notified. GROOMING INCLUDES: HAIR CUT, NAIL TRIM, ANAL GLAND EXPRESSION, EAR CLEANING, BATH & BRUSH. Circle other options below.

1. Teeth Brushing (if possible) $10.00 yes / no	5. Vaccines yes / no
2. Nail Grinding $25.00 yes / no	6. *Additional $42/hour if groomer needs to do dematting. Owner's initial: _____
3. Exam if needed $ 52.00 yes / no	7. Option at no cost please circle: Bandana None
4. Refill meds/food yes / no	8. (Optional) Tip to Groomer Amount $ _____

***Shave Release**: I give permission for the groomer to shave my dog if needed: Circle: Yes / No / Call First

***Owner's Instructions for Groomer:** _____

_____

*Signature of owner or agent: _____Date: _____Phone _____

Estimated Cost (for tech): $ _____ to $ _____ Owner's Initial: _____