

East Plano Murphy Pet Hospital
627 W. FM 544, Murphy, TX 75094
Grooming Drop Off Authorization Form

Name of Pet: _____ Name of Owner: _____ Date: _____

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. If my pet is found to have fleas, I understand that he/she will be treated for it at my cost. Pick up time will be between 5:30 PM to 6:30 PM, unless otherwise notified.

I assume financial responsibility for all services rendered and understand that payment is due in full on the date of the procedure.

Grooming Package Includes:

Nail Trim, Anal Gland Expression, Ear Cleaning, Bath, Brush, and Haircutting

Optional Add-Ons	Price	Yes	No
Teeth Brushing (If Possible)	\$10	<input type="checkbox"/>	<input type="checkbox"/>
Nail Grinding (Nail Trim Included)	\$25	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Bandana	No Cost	<input type="checkbox"/>	<input type="checkbox"/>
Exam	\$58	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines	Varies	<input type="checkbox"/>	<input type="checkbox"/>
Refill Medications or Food	Varies	<input type="checkbox"/>	<input type="checkbox"/>

Additional \$42/hour if the Groomer Needs to do Dematting. Owner's Initials: _____

(Optional) Tip to Groomer Amount \$ _____

Shave Release: I give permission for the groomer to shave my dog *if needed*, please mark an option:
Please Call Before Shaving My Pet

Yes, Shave My Pet

No, Do Not Shave My Pet

Owner's Instructions for Groomer:

Signature of owner or agent: _____ Date: _____

Number where you can be reached today: _____

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