



Grooming Agreement

Date _____

Name _____

Our Vaccination Policy: To insure the protection of all pets under our care, the following vaccinations must be up to date:

DOGS- DHLP, Bordetella, Rabies

CATS- FVRCP, Rabies

Our parasite policy: All pets under our care MUST be tick and flea free. If any parasites are identified on your pet, they will be treated accordingly.

I GIVE PERMISSION FOR THE HOSPITAL TO UPDATE MY PET'S VACCINATIONS AND TREAT FOR PARASITES IN ACCORDANCE WITH THE ABOVE POLICIES.

Signature of Pet Owner

Phone Number
