



## ANIMAL HOSPITAL OF LYNNFIELD

### AUTHORIZATION AND CONSENT FOR GROOMING AND PROFESSIONAL SERVICES

Pet \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

**ALL PHONE NUMBERS** where you will be today ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Email \_\_\_\_\_

Grooming needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**While your pet is here for grooming, would you like your pet examined by a doctor?  
Examination fee will apply. Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, describe any problems your pet may be having \_\_\_\_\_

\_\_\_\_\_

Should other procedures (skin scrape, ear smear, dental work, stool samples, etc) be deemed necessary or desirable in the attending veterinarian's professional judgment, **check ONLY ONE:**

\_\_\_\_\_ I **prefer** Animal Hospital of Lynnfield to proceed with all procedures.

\_\_\_\_\_ I **prefer to be phoned prior** to any additional procedures, other than emergencies. However, if I cannot be reached, I authorize unforeseen non-emergency procedures.

\_\_\_\_\_ If I **cannot** be reached, I **do not** authorize unforeseen, non-emergency procedures.

Would you like an estimate for any of the above? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE: Kennel cough vaccine is required for all dogs that are being groomed and will be given if not current for the safety and well being of patients. All animals groomed at this facility will be made current on all vaccines and preventative care (rabies, distemper, fecal).**

Signature \_\_\_\_\_