

Chester Valley Veterinary Hospital
1571 Muldoon Rd
Anchorage, AK 99504
907-333-6591
Grooming Release

Client Name:
Address:

Patient Name:
Species:
Breed:
Sex:
Color:
Birthday:

Phone:
Alternate number:

I understand that my pets must be up to date on their rabies vaccination before grooming and that a vaccination exam will be charged for any animals requiring a vaccine during their appointment.

I give Chester Valley Veterinary Hospital (CVVH) permission to bathe and groom my animal. I realize that grooming requires the use of scissors and other cutting instruments, and that the use of such can result in injury if the animal being groomed moves suddenly. In such an event I will not hold the groomer or CVVH responsible for any injuries that occur during grooming.

I am aware that if my pet has a matt or multiple matts that cannot be brushed out, it/they will be cut or shaved out as needed. This may result in an uneven look or bald spots and I will not hold the groomer or CVVH responsible.

I understand, if not agreed upon before hand, that if sedation is needed CVVH will attempt to contact me with an estimate before proceeding. If CVVH is unable to reach me, I understand that they will not proceed with grooming.

Please leave detailed descriptions of any special groom requests below. (Remember that CVVH does not do breed specific cuts.)

Signature: _____ Date: _____