Avenue Animal Hospital
1725 North Mount Juliet Road
Mount Juliet, TN 37122
Phone: 615-553-4855
Fax: 615-553-4873
www.aahtn.com

Grooming Release Form {PATIENTPICTURE}

{CURRENTDATE[LONG]}

Client ID:	{ID}	Patient ID:	{PATIENTID}
Client Name:	{FULLNAME}	Name:	{NAME}
Address:	{ADDRESS1}	Species:	{SPECIES}
	{ADDRESS2}	Breed:	{BREED}
	{CITY}, {STATE} {POSTALCODE}	Sex:	{SEX}
Telephone:	{PHONENUMBER}	Color:	{COLOR}
		Markings:	{MARKINGS}
		Birth Date:	{BIRTHDATE[SHORT]}

- I hereby certify that I am the owner of the above-named animal and have the authority to execute this consent.
- I hereby authorize grooming to be performed on my pet. If sedation has been recommended/elected for this to be accomplished, I hereby also authorize the use of such anesthetics as deemed advisable by the veterinarian and as indicated.
- I agree to indemnify and hold Avenue Animal Hospital harmless from and against any and all liability arising out of the performance of any of the procedures referred to above.

AT WHAT NUMBER CAN YOU BE CONTACTED TODAY? _{PHONENUMBER}

Grooming Instructions/Notes: If you are wanting something different than last time, please write any instructions about how you want your animal groomed. Please be specific.

Face/Head-

Body-

Feet/Legs-

Tail/Ears-

Same as Last time-

When did your pet last eat? Drink? Anticipated pick up time?

1. All animals must be current on all vaccinations (Distemper Parvo, Rabies, and Bordetella; FVRCP, Rabies).
2. All animals must be free of external parasites (ex. ticks, fleas, etc.) or they will be treated at owner's expense.
3. Avenue Animal Hospital has my permission to do whatever is necessary should an emergency arise.

{CLIENTSIGNATURE}
Signature