Animal Hospital of Mebane
Grooming Form

Client's Name: _____

Pet's Name : _____

Breed: _____

Age:_____ **Sex**: F or M (please circle)

Medical History:

Does your pet have any underlying or current medical issues that may interfere with his/her grooming today? Yes or No

1. Have you noticed any lumps or bumps on your pet? Yes or No

2. Has you pet had any of the following:

Vomiting or diarrhea	Yes or	No
Coughing or sneezing	Yes or	No
Anorexia or lethargy	Yes or	No
Dizziness or trouble walking or standing?	Yes or	No

3. Do you need any heartworm or flea medication for your pet today?
Yes or No

In order to maintain a healthy environment for you pet, any fleas or ticks found on your pet will be treated at the owners expense.

PLEASE NOTE ALL VACCINES INCLUDING RABIES, DISTEMPER, & BORDATELLA MUST BE CURRENT FOR GROOMING OR UPDATED AT THE OWNERS EXPENSE

Client Signature: _____ **Date:** _____

Telephone Number: _____ **Time needed for pickup**_____