

Date: \_\_\_\_\_  
Patient Name \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Check in time: \_\_\_\_\_

Requested pick up time: \_\_\_\_\_

<b>Vaccinations Due:</b>		
<input type="radio"/> Exam	<input checked="" type="radio"/> Dhpp	<input checked="" type="radio"/> Lepto
<input type="radio"/> Bord	<input checked="" type="radio"/> HW Test	<input checked="" type="radio"/> Fvrpc (cat)
<input type="radio"/> Rabies	<input checked="" type="radio"/> Fecal	<input checked="" type="radio"/> Felv (cat)
	<input type="radio"/> Hwp	<input type="radio"/> Flea
<input type="radio"/> Other: _____		

-----↑ Clinic Use Only ↑-----  
**OAKWOOD ANIMAL HOSPITAL**  
**Grooming Check-In**

**Vaccine Requirements:**

All pets must be up to date on required vaccines. If pets are found to be overdue or if vaccines cannot be verified by phone or fax, they will be given upon admittance.

**\*Please note: If your pet has fleas, it will be treated accordingly and there will be an additional fee\***

<p><b>BATH ONLY</b></p> <p><input type="radio"/> I do not want my pets' haircut, I only want a bath (please see below if you want your dog's hair cut)</p> <p><b>Bath Includes:</b> A bath with our basic shampoo, sanitary clip, brush out, blow dry, external ear cleaning, nail trim, and expression of anal glands.</p>
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**GROOMING**

**Grooming Includes:**

A bath with our basic shampoo, trim/clip according to your specific instructions, brush out, blow dry, external ear cleaning, nail trim, and expression of anal glands.

**Grooming Instructions:** (please give us your preferences **and/or** circle one of the following choices provided below)

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

- |   |
|---|
| <ul style="list-style-type: none"><li>• Shave</li><li>• ¼ inch left</li><li>• ½ inch left</li><li>• 1"left (extra cost)</li></ul> |
|---|

**SHAMPOO CHOICES**

(Please circle one, if left blank, basic scented shampoo will be used)

Scented Shampoo      Hypoallergenic Shampoo      Medicated Shampoo (fees apply)

- Additional Services Available For Your Pet:** (Please select extra services you would like for your pet)
- Exam (Please discuss with receptionists what you would like the doctor to look at).....\$52.00
  - Tooth brushing .....\$7.00
  - Flea treatment: **Oral:** Bravecto (3 month) \$58      **Topical:** Revolution (Cats) \$28
  - Nail Grinding with bath/groom.....\$11.63
  - Other: \_\_\_\_\_

By signing below, owner agrees to pay the rate for all services rendered on the date the pet arrived into the clinic. Owner further acknowledges that they must show proof of current vaccinations required by Oakwood Animal Hospital; if a current vaccination record is not obtainable, the required vaccinations will be performed with fees. Should your pet require emergency treatment, we will treat your pet accordingly until the owner can be reached.

Signature \_\_\_\_\_ Phone number where you can be reached \_\_\_\_\_