Ambassador L.B. Vet. Hospital
www.Lovingvetcare.com

Pick up & Drop off, house call: 888-883-8227
Emergencies: 562-235-5966

Pet Grooming Instructions

Please Print

Today's Date: _____.

Client's Name: _____ Owner's Cell Phone #: _____
First Middle Last

Address: _____ Owner's Home Phone #: _____

City/ State/ Zip Code: _____. **E-mail Address**: _____

Emergency Contact Name (other than your self) _____ Emergency Phone: _____

Pet's Information:

Pet's Name: _____. Dog: ____. Cat: ____. Other: ____. Breed: _____.

Date of Birth/ Age: _____. Sex (M / F): ___. Color: _____. Spayed/ Neutered? Y___N__

Other Pets: _____

Under what conditions dos your pet growl, snarl, bark or cry: _____

Has your pet ever bitten or been bitten? _____

Instructions for our Groomer:

Type of grooming (hair cut preferred): _____

Nails: _____

Additional instructions: _____

Additional information you would like our Groomer to know:

_____

_____

_____

_____

Pet Medical Emergencies Information:

_____

_____

_____

I give you permission to authorize emergency medical care for our pet (s) as deemed necessary by a veterinarian, and agree to be responsible for full payment of all charges of such care: ☐ **YES** ☐ **NO** ☐ **CALL US FIRST**.

I certify that I am the owner or the agent of the owner of the aforementioned pet and that I am authorized to sign this form.

Signature: _____ Date: _____.