

All Pets Veterinary Hospital Inc.

43112 John Mosby Hwy. Suite 102

Chantilly, VA. 20152

Tel: (703) 327-6666 Fax: (703) 327-4664

GROOMING ADMITTANCE

Date _____ Pet Name _____ Type of pet _____ WT. _____

Phone where you can be reached today _____ Other _____

Emergency Contact Name _____ Phone _____

Grooming Comments

Grooming Charge (Based on Weight) _____

Additional Charge (extras, de-matting etc.) Time _____ Charge _____

*I assume responsibility for all charges incurred in the care of this pet. I also understand that these charges will be **paid in full at the time of release.** by CASH ___ MASTERCARD ___ VISA ___*

Initial _____

MEDICAL ILLNESS POLICY

If your pet(s) becomes ill, we will call the emergency number listed above regarding your pet(s) symptoms, treatment options, and estimate of additional costs. If no one can be reached however, we will perform the minimal necessary treatments to relieve immediate discomfort or to resolve an important "emergency" medical condition. This includes only non-elective treatments and necessary diagnostics.

I, hereby authorize Dr. S. Masood D.V.M., assigned doctors and/or staff he employs, to administer treatment as he/they consider therapeutically and/or diagnostically necessary on my pets. I also consent to the administration of such anesthetics, as are necessary, and surgical procedures of an emergency nature. I have read and understand this agreement. I fully intend to pick up my pet(s) on the above specified date. If circumstances change, I will notify the All Pets Veterinary Hospital of a new pick-up date. I, hereby release Dr. S. Masood D.V.M., assigned doctors, and his staff from all claims, legal or equitable, arising out of the treatment rendered by him, and affirm that no guarantee or assurance has been made as to the results that may be obtained. I have read and understand the above.

Name (please print) _____ Signature _____ Date _____