

Glenolden Animal Hospital -Grooming Admission

Your Name _____ Pet Name _____

It is hospital policy that ALL Pets are Current on Vaccinations before being Admitted

****There will be an office visit or tech charge for ANY Pet that needs Boosters or Exam****

You can only opt to "WAIT" for PE, Rabies, Distemper and Bordetella if they are not actually due.

Your pet is due for the following services:

Physical Exam-\$66 YES () WAIT ()	Dog Lyme-\$34	ACCEPT ()	DECLINE ()
Rabies-\$25-\$31 YES () WAIT ()	Annual Worming- \$38	ACCEPT ()	DECLINE ()
Distemper-\$25-\$31 YES () WAIT ()	Cat Leukemia-\$34-\$47	ACCEPT ()	DECLINE ()
DA2PPL-\$25-\$31 YES () WAIT ()	Heartworm & Tick Disease Test- \$62	ACCEPT ()	DECLINE ()
Dog Bordetella-\$29 YES () WAIT ()	Leptospirosis-\$25	ACCEPT ()	DECLINE ()
	Canine Influenza-\$32	ACCEPT ()	DECLINE ()

Wellness Testing- All Include Free Urine

Dogs 1-7yr Preventive Care Blood Work (including Heartworm)- \$102	ACCEPT ()	DECLINE ()
Dogs >7yr Preventive Care Blood Work (including thyroid & heartworm)- \$208	ACCEPT ()	DECLINE ()
Cats 1-7yr Preventive Care Blood Work (including heartworm)- \$110	ACCEPT ()	DECLINE ()
Cats >7yr Preventive Care Blood Work (including thyroid & heartworm)- \$200	ACCEPT ()	DECLINE ()

Is your pet on any medications at this time? ___ Yes ___ No

If yes please describe _____

Does your pet need to see the veterinarian for any reason other than what is listed above? ___ Yes ___ No

If yes, please describe & you **MUST** discuss this with the technician before leaving:

BATH- Our shampoos are all-natural non-irritating cleansing shampoos.

Does your pet need a special or medicated shampoo? ___ Yes ___ No

If so, please describe: _____

Does your pet have any skin problems such as itching? ___ YES ___ NO

If so, please describe _____

Does your pet have a history of ear problems? ___ YES ___ NO

Did your pet receive a sedative prior to visit today? ___ YES ___ NO

Has your pet received a sedative in the past for grooming? ___ YES ___ No

If your pet does require sedation today, do we have permission to sedate? ___ YES ___ NO

Did your pet eat anything this morning? ___ YES ___ NO

Signature below authorizes Glenolden Animal Hospital to perform the above requested, required and recommended procedures as outlined and described above: Payment for these services is required regardless of the success or outcome of the procedure. I understand interest will accrue on this account at a rate of 1.5% of the unpaid balance per month.

Owner or Agent Signature: _____ Date: _____

CONTACT NUMBER _____

Staff Signature _____