

HUDSON HIGHLANDS VETERINARY MEDICAL GROUP
222 Limekiln Rd.
Hopewell Junction, NY 12533

Please print this form, complete it and bring it to the hospital at the time of your pet's appointment.

Grooming-Release Form

Client Name: _____ Pet Name: _____

Telephone Numbers Home/Cell: _____

Work: _____

Emergency: _____

Medical Conditions/Medications: _____

Description of Grooming Requests: _____

I hereby authorize _____ to groom the above stated animal

at the cost of _____. No medical services will be performed, but you will be

informed if any abnormalities are found that should be addressed by your veterinarian.

Authorized signature: _____

Date: _____

Do you want a call when grooming is completed? Yes No