

HUDSON HIGHLANDS VETERINARY MEDICAL GROUP, PC
222 LIME KILN ROAD
HOPEWELL JCT., NY 12533

GROOMING RELEASE

Pet Name: _____

Client Name: _____

Telephone Numbers: (for today)	_____	Home	Cell
	_____	Home	Cell

Medical Conditions:

Description of Grooming Needs / Special Requests:

Your signature below authorizes _____ to groom your pet named above at a 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.

Signature: _____ Date: _____

Would you like a call when the grooming is complete? Yes No

Thank you for choosing Hudson Highlands!