🐾 Pawsh Paws – Veterinarian Release Form

Client Name: _____
Phone Number: _____
Pet's Name: _____
Breed: _____ **Age:** _____

Purpose of This Form

This form must be completed by a licensed veterinarian for any pet who is elderly, medically fragile, or has a condition that may impact grooming. The purpose is to confirm that the pet is stable and may safely receive grooming services at Pawsh Paws.

To Be Completed by the Veterinarian

Veterinary Clinic Name: _____
Phone Number: _____

Diagnosis / Health Concerns:

_____
_____

Medications / Special Considerations:

_____
_____

☐ I have examined the above pet and find them to be in stable condition for grooming at this time.
☐ Grooming should be limited to: _____
☐ Grooming should be avoided due to: _____

Comments or Instructions for Groomer:

_____
_____

Veterinarian Name (Print): _____
Veterinarian Signature: _____
Date: _____

Client Acknowledgment

I understand that my pet has a medical condition that may pose grooming risks. I have discussed this with my veterinarian and acknowledge that Pawsh Paws Grooming Salon will take all reasonable precautions but cannot guarantee outcomes related to pre-existing conditions.

Client Signature: _____
Date: _____