



West Alabama Animal Clinic  
 2030 West Alabama  
 Houston TX 77098  
 713.528.0818  
[walabamaac@yahoo.com](mailto:walabamaac@yahoo.com)

## GROOMING INSTRUCTIONS

Owner's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Desired Pick-Up Time: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Instructions: \_\_\_\_\_

Special Requests: \_\_\_\_\_

Does Your Pet Require Sedation?    Yes    OR    No            May We Sedate Your Pet if Necessary?    Yes    OR    No

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"I hereby authorize the veterinary staff at West Alabama Animal Clinic to perform procedures on my pet under anesthesia. I understand that during any procedure unforeseen conditions may arise. I authorize West Alabama Animal Clinic's veterinarians to use their professional judgment to perform procedures necessary for the wellbeing of my pet, including but not limited to: necessary dental extractions or medical/physical resuscitation. I understand that additional costs cannot be estimated or calculated at this time and that I assume complete financial responsibilities for all services rendered. I also acknowledge that there are no guarantees, either expressed or implied, that the procedures authorized will be without complications from unexpected events beyond the veterinarian's and West Alabama Animal Clinic's control."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_