



PET GROOMING FORM



Please take a few moments to complete this form as completely as you can. If you have any questions, we'll be glad to assist you.

Please note: Our Groomer, Bianca, is deaf and appreciates any and all written instructions for her to refer to as your pet is groomed today and in the future. Feel free to provide any additional written notes, photos or google images.

CLIENT INFORMATION

Client Name: _____ Pet's Name: _____

Canine or Feline: _____ Breed: _____ Color: _____ Age: _____ Sex: _____

Phone # to contact today: _____

Grooming Instructions / Style

Standard Cut for Breed? YES Clipper Cut (same length all over)? YES Blade #: _____ 3 = 1/2", 4 = 3/8", 5 = 1/4", 7 = 1/8"

Medicated Bath? YES Nail Trim NO (Included with all Grooming Appointments) Undercoat Removal YES \$45 minimum
(for breeds like Chow Chow, Shepherds, Husky, etc. with medium to long hair)

FACE: Shaved (like a Poodle) Teddy (Rounded) Mustache Beard **EARS:** Short Medium Long Trim

BODY: Short Medium Long Anal Glands with Technician? YES \$20 Teeth Brushed: YES \$10

De-Matting: \$15-55 (dependent on time needed) Other: _____

Please write detailed specific instructions for Bianca: _____

Additional Medical Services*: YES

Annual Exam with Doctor	\$85
Vaccines	\$50-\$85
Sedation	\$75
Heartworm Test	\$50

**Additional Fees apply. Please speak with one of the Receptionists for more information.*

Requirements

*For the safety of humans and pets involved, the following vaccines must be up to date:
Dogs must be up to date on Rabies, Bordetella and Distemper Vaccines
Cats must be up to date on Rabies and Distemper Vaccines*

With my signature:

- I have completes this form as descriptively as possible and/or have communicated with the Groomer directly regarding the type of grooming and/or additional services to be performed,
- I understand the vaccine requirements and hereby authorize a veterinarian to administer required vaccines to pet for an additional fee,
- I understand that if my pet is extremely pelted or matted, shaving may be necessary (will not be performed unless absolutely necessary and will try to avoid if at all possible).

Signature: _____ Date: _____

****We close at 8 PM on Monday-Thursday (latest pick up 7:45pm) and at 6 PM on Friday (latest pick up at 5:45pm).**

If you are late for pick up, you will be charged a \$50 after hours fee.**