



GROOMING CHECK-IN FORM

PROMOTION: _____

Pet Name: _____ Last Name: _____ Phone#: _____

Age: _____ Color: _____ Breed: _____ Sex: M / F Spay/Neuter: Y / N

PRE-GROOMING EXAM (\$\$) (Required for New Patients) **GROOM \$_____** OR **BATH \$_____**

ADDED SERVICES:

\$\$ **Brush Teeth** \$\$ **Anal Gland by groomer** \$\$ **Nail Buff/DREMEL**

\$\$ **MEDICATED Shampoo** (Infection/Rash etc) \$\$ **Feet Face Fanny (w/ bath)**

DEMATTING: May be required for groom. A demat-shave-down may be needed for tough cases.
 \$\$ (15 Mins) \$\$ (25 Mins) \$\$ (35 Mins) \$\$ (Matted shaved)

DESHEDDING: Add to bath or groom to reduce excess shedding of fur in your home.
 \$\$ (<20lbs) \$\$ (20-40lbs) \$\$ (>40lbs)

DIFFICULTY HANDLING: \$\$ OR ELSE, **REQUIRES SEDATION:** \$ Doctor will discuss

Please describe in detail your Grooming requests: _____

Face: _____ Ears: _____

Body: _____

Legs: _____ Tail: _____

What do you NOT WANT? : _____

Are there any health issues we need to be aware of? Y N (IF YES PLEASE LIST THEM)

Is pet aggressive? Y/ N Comment: _____

TIPS ARE GREATLY APPRECIATED. Services are performed by a trained **INDEPENDENT GROOMER.**

Vaccination/Parasites: All animals must be up-to-date on required vaccinations (**Dogs: Rabies, Bordetella; Cats: Rabies, FVRCP**). Pets must be free of external parasites (ticks, fleas, etc.) or they will be treated at owner's expense.

I hereby grant permission to Parkland Veterinary hospital to obtain emergency veterinary treatment for my pet at my expense. I have read, understand, and accept the above grooming policies. Also, I have previously been informed of all grooming rules and regulations:

Client Signature: _____ Date: _____

FOR GROOMER USE ONLY: Blade#:	Cut:	Comments:
\$: _____		