

Patient Name: _____ Due for: _____ Client initial: _____

Grooming check in sheet

Date: _____ (boarding dogs will be done the day of pick up and called when ready)

Time of drop off: _____

Pets name: _____

Phone number: _____

Please choose one of the following:

Full Grooms:

- Same as last Groom
- Short pattern breed cut. Legs shortened to what length? _____

- Short cut/Shave. To what length? ____

- Specialty clip (please write description below)

Baths:

- Face/Feet/Sanitary only
- Straight bath (no hair trimming)
- Face/Feet/Sanitary/Outline

Special instructions: _____

All of the above include: Nail trim, anal gland expression, cleaning out ears, shampoo, conditioner, coat enhancer, perfume and bandana.

Additional services:

Nail grinding \$10

Special shampoo (oatmeal, medicated, or hypoallergenic) \$5

****de-matting and handling fees for behavior may be applied****

Instructions for vet side: _____

All animals must be current on vaccinations. If not, they will be updated at owner's expense.

X: _____