## **Grooming Worksheet**

Owner's Name:	Date:
Pet's Name:	Breed:
Has your pet had the flu vaccine? Y N If yes, wall pets being groomed. Please initial for consent.	when If no, we require the flu vaccine for
FULL SERVICE GROOM  If your pet is scheduled to get a HAIRCUT, please give us the following information:  THIS IS HOW LONG THE HAIR WILL  BE AFTER IT IS CLIPPED.  This is not the length of hair that will be removed.  A) #10 clips hair 1/16" (hair length example: —)  B) #7 clips hair 1/8" (hair length example: —)  C) #5 clips hair 1/4" (hair length example: —)  E) #3 % clips hair 1/2" (hair length example: —)  F) I prefer hand-scissor (please leave instructions below)  Please note that if the brush-out takes longer than 30 minutes, there may be an extra dematting charge.  How do you want us to groom the ears?	BATH/BRUSH OUT  If your dog is scheduled for a BATH, this is what it includes:  Bath Brush Out Clip Toenails Clean Ears Sanitary Clip Anal Glands Expressed  If you would like any of the additional grooming services listed below, please indicate by circling: Trimming of the tail Trimming of undercarriage Trimming of "feathers" Trimming of hair on ears Hair on tummy shaved Hair on feet shaped up (rounded) Hair between footpads trimmed
How do you want us to groom the <b>tail</b> ?	
How do you want us to groom the <b>face</b> ?	Do you want your pet to have a <u>Bow?</u> Do you want your pet to have a <u>Bandanna?</u> Yes No Do you want your pet to have <u>Perfume?</u> Yes No
Do you want your pet's <mark>face to be shaved</mark> ? Yes No Do you want your pet's <u>feet to be shaved</u> ? Yes No	Doctor Instructions: (if the Doctor needs to see the pet while here):
Handscissor Instructions:	Doctor Preference: Dr. Wolverton Dr. Zinkus Dr. Lackey
Other special instructions:	My Telephone #(s) Today:  We close at 6:00 p.m. If you are unable to pick your pet up by 6:00 p.m., we will board your pet overnight at regular boarding rates.

Signature of Client

<mark>Date</mark>