



GENTLE GROOMING CHECK-IN SHEET

Date: _____ Check-In Time: _____ Fur Stylist: **Christa / Shauna**

Pet's Name: _____ Client's Name: _____

Phone number where you can be reached today: _____

Please list any medical issues with your pet: _____

I grant permission to use my Pet's Photograph for use in newspapers, Facebook and/or website.

Please circle: YES NO

May we text you when your pet's grooming is complete? YES NO

Does your pet have any diet restrictions? YES NO _____

GROOMING SERVICES REQUESTED TODAY

_____ Full Groom
(Includes 2 baths, conditioner, and brush/comb out, blow dry, style/clip, nail trim, and ear cleaning.)
There will be an additional \$12.00 per 1/2 hour for de-matting.

_____ Express Anal Glands Externally (No additional charge)

_____ Bath Only

_____ Teeth Brushing (No additional charge)

Special Instructions: _____

If the groomer has questions or difficulty grooming your pet as requested, she will call you to clarify instructions. If you cannot be reached by phone, please have the groomer:

_____ Do not groom - call me first _____ Use professional judgment

PLEASE ALLOW AT LEAST 4 HOURS FOR GROOMING

Client Signature _____



North Royalton Animal Hospital
Since 1957

