

Dr. Pal's Grooming Check in Sheet

Client's Name: _____

Pet's Name _____

Date: _____

Phone Number: _____

Groomer: Chelsea or Laura

Please list any medical issues with your
pet _____

GROOMING SERVICES REQUESTED TODAY: Estimate: _____

_____ Full Groom *Includes bath, conditioner and brush/comb out, blow out, style/clip, nail trim, ear cleaning and anal glands*

_____ Bath, Brush, Nail Trim _____ Bath Only _____ Teeth Brushing: \$ 10.91 or \$7.61

_____ Nail Grind/Round \$6.53 _____ Medicated Bath \$13.07 _____ Furminator Treatment \$11.88

**** PRICES MAY VARY DEPENDING ON YOUR ANIMALS COOPERATION AND THE CONDITION OF THE COAT****

Special Instructions:

If the groomer has any 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 judgement _____

Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. If anything should come up while your animal is here with us, we will call you for authorization and give you an estimate for treatment. _____ Pet owner's Initials

Medical Release: Should unexpected life-saving emergency care be required and the attending Veterinarian is unable to reach you, Dr. Pal's Small Animal Practice has my permission to provide such treatment, as I agree to be financially responsible for such care. I understand the Dr. Pal's Small Animal Practice does not make guarantees as results of treatment(s) or any potential problems that may occur as results of medical procedures.

_____ Accept _____ Decline (Call me first at the number listed above)

**** Pick up from grooming is a ½ hour before we close****

Pick up before Monday: 7:30pm, Tuesday 5:30pm, Thursday 7:30pm, Friday 5:30pm, and Saturday 1:30pm

**** If you do not pick up you're animal before we close, you will be charged a late fee pick up****

Client Signature

Date:

Date: _____

Grooming

Instructions: _____

Price _____

Owner's Signature _____

Dr. Pal's Rep Initials _____

Date: _____

Grooming

Instructions: _____

Price _____

Owner's Signature _____

Dr. Pal's Rep Initials _____

Date: _____

Grooming

Instructions: _____

Price _____

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Grooming

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