

Windermere Animal Hospital

Grooming Form

Client's name: _____ Date: _____

Pet's Name : _____ Age: _____ Today's Weight _____

Please provide several phone numbers where you can be reached today. It is very important that the groomer be able to contact you when needed!

Home: _____ Work: _____ Cell: _____

Is your pet current on vaccinations? If yes, when and where? (All dogs MUST be current on Rabies, DA2PPv & Bordetella. Cats MUST be current on Rabies & FVRCP.)

How do you want the body of your pet to look? Please be VERY specific!

- If you want the hair cut short, how short? _____
- Do you want your pet shaved down? _____
- Do you want your pet trimmed? (Less than ½ inch off) _____
- Would you like our groom to decide how your pet should look? _____
- Do you want your pet groomed the same as before? _____

- How do you want your pets face to look? (Eye lashes, whiskers, beard, cleaned up?)

- Would you like anything different done with your pets feet or tail? (Leave long, Poodle feet, shaved tail?)

- Please write in detail any other special instructions that you have concerning your pet (Sores on body, nervous about clippers, doesn't like water/force dryer, bites, etc..)

- Can your pet be sedated if needed? _____

Please note: If you have not left instructions on this form or spoken with our groomer and are not satisfied with the way your pet looks, you will still be charged for the groom.

Signature: _____

Thank you for choosing Windermere Animal Hospital