



GROOMING AND BATH FORM

For office use
only:

Account #

Owner's Name: _____ Pet's Name: _____ Today's Phone: _____

HOW WOULD YOU LIKE THE HAIR TO BE CUT? _____

If we find mats on your Pet we will try to comb them out, but if this becomes too uncomfortable for your Pet we would like the option to shave them out.

<input type="checkbox"/>	Yes, you may shave mats if necessary. I realize that this may leave a patchy appearance.
<input type="checkbox"/>	No, if unable to comb out the mats, leave them. I realize that you may be unable to bathe my pet because of matting.
<input type="checkbox"/>	Comb out only. Sedation may be required.
<input type="checkbox"/>	Sanitary clip. A sanitary clip is a circle of fur shaved from under your cats' tail to aid in comfort and cleanliness.

NOTE: FOR YOUR PET'S PROTECTION AND ALL OTHER PETS AT ALL FRIENDS ANIMAL CLINIC, ALL VACCINATIONS – INCLUDING BORDETELLA (KENNEL COUGH) FOR DOGS - MUST BE CURRENT TO MEET OUR REQUIREMENTS. WE HOPE YOU UNDERSTAND THE NECESSITY OF SUCH REQUIREMENTS TO PROTECT ALL CONCERNED.

IF NOT CURRENT, DO WE HAVE YOUR PERMISSION TO UPDATE VACCINATIONS? YES _____ NO _____

BATH OPTIONS (Please Initial the box(es) of your choice)

<input type="checkbox"/>	<u>FOR FLEA PROTECTION WE RECOMMEND USING COMFORTIS OR APPLYING REVOLUTION ONCE YOUR PET IS DRY. PLEASE INITIAL IF YOU WANT TO PURCHASED REVOLUTION OR COMFORTIS</u>
<input type="checkbox"/>	Regular Bath with a Cleansing Shampoo~ A gentle cleansing shampoo that smells great. Does not removed or kill fleas or ticks.
<input type="checkbox"/>	Medicated Bath with Hypoallergenic Shampoo-- Does Not remove Fleas or Ticks
<input type="checkbox"/>	<i>DO YOU WANT TO BUY A FLEA OR TICK PYRETHRIN DIP?</i> This DO AT HOME soak kills/repels Ticks or Fleas. WE DO NOT DO THIS AT THE CLINIC, BUT YOU CAN BUY TO USE AS DIRECTED AT HOME.

SEDATION/ANESTHESIA We will always try to bathe or groom your Pet without sedation. However, if the procedure is too traumatic for your Pet we may advise sedation. Do you give permission for your pet to be sedated? Yes ___ No ___

Would you like your pet to have a dental chew/treat after the bath (\$1 each)? _____ If yes how many? _____

Signed _____

Date _____

PLEASE SIGN BELOW AT PICK UP TIME. Client Satisfaction is our goal, at the time of pick up, please let the front desk or the groomer know if there is anything else we can do to assist you.

ARE YOU COMPLETELY SATISFIED WITH THE BATH/GROOMING AS PERFORMED TODAY? _____

Would you like to schedule your next grooming or bath appointment? _____ If Yes for what day? _____

Owner/ Authorized Agent Signature _____

Date _____