



BATH & GROOMING

Date to be Bathed/Groomed: _____

Owner's Name: _____ Pet's Name: _____

Breed: _____ Color: _____

BATH:

Regular Bath: _____

Medicated Bath: _____ What kind of Medicated Bath? _____

GROOMING:

Mini Trim: _____ (Eyes, Abdomen, Sanitary Patch ONLY)

Regular Clip/Trim: _____ (Clip or Trim your pet has on a regular basis)

New Clip/Trim: _____ (New or different clip) Provide as much detail as possible:

Additional services & fees: Please check any you would like

Hair bow (\$1.00): _____ Bandana (\$1.00): _____ Nail Polish (\$4.00): _____

PLEASE LEAVE A PHONE NUMBER WHERE YOU CAN BE REACHED SHOULD THE GROOMER HAVE QUESTIONS REGARDING YOUR PET. IF THERE ARE QUESTIONS & YOU CANNOT BE REACHED, YOUR PET WILL NOT BE GROOMED.

Phone Number: _____ Owner's Signature: _____

OFFICE USE ONLY

Collar: _____

Bath Completed By: _____

Capstar Administered By: _____

Groom Completed By: _____

Owner Called: _____