

Grooming Check In

ID: <number>

Date: <date>

Client name: <first-name> <last-name>

Patient name: <animal>

Client Phone: _____

Color: <color>

Breed: <breed>, <species-name>

Arrival time: <time>

Sex: <sex-name>

Appt date & time: <appt-date> @ <appt-time>

Age: <age>

Admitted by: <current-userid>

Weight: <weight>

Notes: <appt-notes>

___ Pampered Pet Day: Bath, Nails, Anal Glands, De-Shed, Ears Cleaned (NO cut or trimming)

___ Spa Day: Bath, nails, Anal Glands, De-Shed, Ears Cleaned

Hair Clip: _____

___ Therapeutic Spa Day: Pampered Pet Day or Spa Day

Plus A medicated Shampoo that fits your pet's Special need \$7.00

___ Teeth Brushing \$7.00

Additional fees may apply : extra de matting, deshed, etc

Owner's Signature _____

Pick Up Time: _____

Vaccine History:

<treatments>

