



Grooming Check-In Sheet

Name of Owner: _____ Name of Pet: _____

Best Phone Number to Reach You At: _____

Approx. Pick-Up Time: _____ OR Call When Ready

Grooming Requests or Instructions:

Additional Requests or Services (By Dr. Grimes) ****For An Additional Charge****:

Update Vaccinations:

Parvo-Distemper, Kennel Cough, Rabies, K-9 Influenza, Feline Distemper, Feline Leukemia

HEALTH

Is your pet currently healthy? (Please Circle) YES or NO If no, symptoms: _____

MEDICATIONS ****Only List If Medication Is To Be Given While Pet Is Getting Groomed****

IS YOUR PET CURRENTLY ON A FLEA/TICK PREVENTATIVE? YES or NO

If **yes**, when was the last time it was given: _____

Product Name: _____

1. Name of Medication and Dosing Instructions: _____

Pets Belongings While Grooming:

Bed Blanket(s) Toys: _____

Cage / Crate Food Food Container Leash / Collar / Harness

Treats Groom Supplies