

Grooming By Penny
At
Crown Veterinary Hospital

Owner:

Pet:

Weight:

Breed:

Please take a minute to fill out this form so that we may be of better service to you and your pet. Thank-you.

Which services are you dropping your pet off for today?

please circle all needed

Bath

Clip

Anal Gland Expression

If you are dropping off for a clip please give any pertinent details below.

Photographs are appreciated.

example: Lion cut. Shave belly. Clip mats on belly.

Does your pet have any allergies to specific shampoos or shampoo ingredients?

No Yes If yes please list _____

Would you like your pet with any specific shampoo or medicated shampoo?

No Yes If yes please list _____

Does your pet have any skin problems that you would like us to be aware of?

No Yes If yes please explain _____

Does your pet have any behavioral problems that may require the use of a muzzle to perform grooming? No Yes Use Caution

Signature X _____ Date _____

Contact number _____ (best to reach you)

Alternate number _____

you will be notified when your pet is ready to be picked up. Please notify us if you need to pick up your pet by a specific time. Thank-you.