

# Apple Tree Cove Animal Hospital

Please print, fill out, and bring this form with you at the time of your pets' grooming appointment. Thank you.

## Grooming Check-in Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Would you like us to call you when your pet is ready?  Yes  No

Time you would like to pick up your pet: \_\_\_\_\_

### Services – please select one box

- Bath & Brush
- Bath & Tidy
- Full Service Groom
- Shed-Out

*All grooming and bathing services include a nail trim, anal gland expression, and ear cleaning and hair removal.*

### Medical Conditions/Services

Does your pet have any medical conditions a doctor needs to examine? If yes, please give a brief explanation:

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Occasionally, our groomer may note a possible health problem with your pet (i.e. ear infection, skin condition, flea allergy), if so, may we have permission to examine your pet?

Yes  No

**Some pets are very difficult to groom. This makes it extremely hard for our groomer to give your pet a quality grooming. If this occurs, a member of our medical staff will contact you before proceeding with any grooming services.**

### Vaccine Policy:

All hospitalized animals must have a verifiable record of current vaccination. If not verifiable, vaccines will be administered at an additional charge. For your pet's safety, we highly recommend and encourage that all vaccines be current.

**SIGNATURE OF OWNER OR OWNER'S REPRESENTATIVE:**

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