

GROOMING SPECIFICATIONS

Date _____

Client Name _____

Pet Name/Breed _____

Client must provide proof of current vaccine history **prior** to groom date. Stonewall Veterinary Clinic cannot provide services without this information. Vaccines required: Feline FVRCP, K9 DHLPP, Feline/K9 RV, K9 Bordetella

Type of Grooming requested (please circle one): Breed Standard Shave Down
Other Specifications (trim feathers, preferred length of body coat, etc.):

Face (circle one): standard short long
Beard (circle one): standard short long
Body (circle one): standard short long (clipper) long (NO clippers)
Nail Trim Yes _____ No _____

Please Note: Hair mats may result in a shorter coat length and additional fees. Regular grooming appointments will help to prevent this problem and keep the coat in good condition.

In the event our groomer discovers a medical related concern in regard to your pet, our veterinarian staff will attempt to call you to discuss this.

Fees: I agree to pay for my pet's care in full at the time of discharge. We will provide an estimate of costs prior to your pet's admission upon request by the owner/client. Additional fees may apply due to factors such as excessive hair matting/grooming time, medical treatment by our veterinarian staff (with owner approval), and/or owner request for annual physical/vaccinations during the pet's grooming visit. In the event the pet owner/client does not pick up pet by closing time, pet will be boarded in the clinic over night and a boarding fee will be charged to the owner/client.

Signature of Owner or Responsible Agent

Date

Witness _____

Number(s) where you can be reached today:
(cell) _____

(home) _____
(work) _____