



## Grooming Questionnaire Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Required Canine Vaccines for grooming drops-offs: DHPP, Bordetella, and Rabies.**

### PET INFORMATION

Pet's name: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex:

Male

Female

Neutered/Spayed:

Yes

No

### I acknowledge and agree to the following

I approve an internal anal gland expression for my pet if an external expression is not possible or sufficient (performed by a Vet technician with added cost)

I understand that if my pet presents to the clinic with fleas, the pet will be sent home without grooming services

I understand that I will automatically be charged a DEMATTING fee of \$20, depending on the severity, in order to complete the groom requested.

I understand that I will receive a phone call with a pickup time if one is not scheduled at the time of drop off, and my pet must be picked up before closing time at 7 pm.

**Each day we are presented with 10 or more pets for grooming. There is only 1 groomer on staff. Your pet will go through a process that takes time and attention to detail. Please do not expect to pick your pet up from grooming before a minimum of 3-5 hours after dropping off. Larger pets with thicker coats or matting may take even longer.**

Has your pet been groomed professionally before?

Yes

No

If so, How often did you have your pet groomed? \_\_\_\_\_

Do you have a preference for the groom today (specialty haircut, specific instructions, fur length preferences, etc)? \_\_\_\_\_

Does your pet require HYPOALLERGENIC shampoo?

Yes

No

Does your pet have any underlying health conditions that may complicate today's grooming visit?

Yes

No

Health Issues (check all that apply)

- Seizures
- Diabetes
- Heart Condition
- Joint/Hip Issues
- Allergies/Skin Condition
- None to my knowledge
- Other (please describe below)

\_\_\_\_\_  
\_\_\_\_\_

Behavioral Issues for Grooming (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Scared of the blow dryer   | grooming process                                       |
| <input type="checkbox"/> Does not like nails or feet being handled                          | <input type="checkbox"/> None to my knowledge          |
| <input type="checkbox"/> Anxious  | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Aggressive   | _____  |
| <input type="checkbox"/> Has a history of biting, or trying to bite, for any portion of the | _____  |

Are there any extra precautions that need to be taken to ensure your pet's safety?

\_\_\_\_\_  
\_\_\_\_\_

Type of Service(s) Requested (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Wash or Bath             | <input type="checkbox"/> Dematting                     |
| <input type="checkbox"/> Hair Brushing            | <input type="checkbox"/> Other (please describe below) |
| <input type="checkbox"/> Hair Trimming            | _____  |
| <input type="checkbox"/> Nail Trimming and Filing | _____  |
| <input type="checkbox"/> Ear cleaning             |  |
| <input type="checkbox"/> Anal gland expression    |  |

Additional Information

Please list anything additional about your pet(s) that we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reminder: Cancellation Policy of 50% charge within 48 hours of cancellation.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_