

DATE: _____

GROOMING CHECK-IN

PET'S NAME:		CLIENT'S LAST NAME:	
BREED:		PHONE NUMBERS: (WHERE WE CAN REACH YOU) _____ _____	
WEIGHT:			
AGE:	CALL WHEN DONE?	YES	NO
IF NOT CALLED, EXPECT TO PICK UP ½ HOUR BEFORE CLOSE			
MEDICAL PROBLEMS?			

PLEASE INDICATE TYPE OF GROOMING REQUESTED: _____ _____			
LENGTH OF HAIR TO BE LEFT ON PET? _____			
ADDITIONAL SERVICES: PLEASE <u>CIRCLE</u> ANY ADDITIONAL SERVICES YOU REQUEST:			
ADDITIONAL SHAMPOOING OPTIONS		BLOW OUT/ BRUSH OUT UNDERCOAT OR DEMAT (DETERMINED BY BREED)	VACCINATIONS: RABIES, DISTEMPER, BORDETELLA, FECAL, FLU, LEPTO, LYME, HW TEST Proheart, Bravecto, Sentinel
CONDITIONER	MEDICATED		
OATMEAL	WHITENING		

NOTE: <ul style="list-style-type: none">❖ IF YOUR SPECIFIED GROOM MUST BE ALTERED DUE TO HEAVY MATTING, AN ATTEMPT TO CONTACT YOU WILL BE MADE. IF WE ARE UNABLE TO REACH YOU THE GROOMER WILL CONTINUE WITH THE SERVICE AT AN ADDITIONAL CHARGE.❖ IF SEDATION IS NECESSARY, WE WILL ATTEMPT TO CONTACT YOU.❖ I UNDERSTAND THAT IF FLEAS OR TICKS ARE FOUND ON MY PET THAT NORTHERN VIRGINIA VETERINARY ASSOCIATES WILL ADMINISTER TREATMENT. I AGREE TO PAY FOR SERVICES REQUIRED FOR TREATMENT.❖ I UNDERSTAND THAT THE BORDETELLA VACCINE IS REQUIRED TO PROCEED WITH ANY GROOMING SERVICES AND I AUTHORIZE THE STAFF TO ADMINISTER THE VACCINE IF IT IS DUE.
SIGNATURE: _____