## Grooming Check-In



Date:	
Client Name:	Acct:
Pet:	
Telephone (Where you can easily be reached):	
Preferred Pick-Up Time: *While we try to accommodate your wishes, times may vary ba **Boarding pets: Please call for pick-up time.	ased on number of pets for the day.
Grooming Instructions:  Please choose all that apply:  ( ) Same as last appointment  ( ) Bath – Clean up (Everything but a haircut)  ( ) Special instructions for your pet's grooming a detail):	appointment (please list in
( ) Medicated Bath ( ) Have you seen any fleas or ticks on your pet? ( ) Yes ( ) No ( ) Cologne	
Leash & Collar: ( ) Yes ( ) No	
Description:	
Additional Comments:	