

Full Grooming Check-In

Dogs Name:	Owners Name:				
Date:	Phone Number:				
Full-Service Groomin	g includes b	ath, brush,	blow-dry, p	professional trim, nails & ears.	
Does your pup have any skin	sensitivities	or allergie	s:		
Are there any wounds or growths on your pup:					
Does the groomer need to u	se Clippers o	or Dremel f	or nail trim:	::	
Is there anywhere your pup	doesn't like	being touc	hed:		
Shampoo Preference (not gu	uaranteed):				
How long	would you	like the rer	naining coa	at to be? Circle one	
	1⁄4	1/2	3⁄4	1"	
(Optional) Do you have a bla	de size prefe	erence:			
Has your dog bit or been rea	ctive toward	ds another	groomer: _		
Instructions for type of cut:					
Is there anything else we sho	uld know ab	out your d	og:		
Dogs will be ready for picl	k up by 6pm	, we will al: groom		a call when your pup is done bein	Ig
Give us a call at (9:	19) 435-216	1 to drop y	ou pup off e	early for their appointment.	

Signature: ______