

Grooming Check-In Sheet

Date: _____ Groomer: _____

Pet: _____ Client: _____

Chart # _____

Phone Number where you can be reached today (____) _____

Grooming services requested today or special instructions:

**** If the groomer has questions or difficulty grooming your pet as requested, she will call you to clarify instructions. If you cannot be reached by phone, please have the groomer:

_____ **Do not groom, talk to me first** _____ **Continue grooming using the groomer's professional judgement**

In the event the groomer has a concern about your pet's health condition (example: ear infection, skin issue, etc) do you give permission for one of the doctors to medically treat & examine your pets condition?

_____ **Yes** _____ **No** _____ **Call First**