

Grooming Admission Form

Owner:	Pe ¹	t's Name:		
		Age:	Breed:	
			n, External Anal Gland Expression, Ear	
-		& Fragrance.	· ·	
Pricing varies based on weig	ght, coat length, and co	ndition of coat, pl	ease ask your receptionists for ranges	
What kind of haircut can we d	o for your pup today:	•		
			igh fur to cover the skin. *If the pet has	
			ired to remove matting.	
☐ <u>Medium Trim:</u> (Clippers are used to tak	e half of the lengt	h all over.	
	•	•	nd leg to even out the coat, remove	
_		_	ty patches are trimmed as well.	
		y patches trimmed	d; no length is taken off the body. Does	
	gland expression.			
· · · · · · · · · · · · · · · · · · ·	ne: Cut and Add-ons	64 1	1	
Other: Please provide a detailed description of the desired cut.				
Do you have an specifications t	for the face, ears, or t	ail: □ Yes □ No		
☐ Check to c	<u>opt. out of fragrance sp</u>	oray □ Check to o	opt. out of anal glands	
Choose Your Shampoo:	1 N Cl	1: □N D	c	
Regular Shampoo: ☐ Fres Medicated Shampoo (addit.				
☐ Upgrade fragrance to a Mink				
			pup cup, & pet picture plus frame!	
Don't Forget Our Specials:	1 ,	,		
1) Deshedding Pac	kage □ Yes □ No			
2) Conditioner: ☐ Yes ☐ No				
3) ☐ Mink Oil Treatment OR ☐ Mud Bath				
,	Calming for anxiety C		vints	
A La Carte Options:				
☐ Teeth Brushing	☐ Fresh Breath			
	☐ Ear Plucking: (Ir			
☐ Paw Creme Treatmen		tment		
☐ Bandana, Bow, or Bo		1 ' 01 '1		
☐ Our facials: ☐ Bright	•	alming Chamomil	e	
Your Family is Our Family, L	•	hinned areas	Thong toppings)	
☐ Four Paws Pup Cup T☐ 1 on 1 Playtime with			koone toppings)	
☐ Pet Pictures with a fra			n Frame? □ Yes □ No	



*Pick up times vary depending on the load of pets for the day, we try our best we DO NOT guarantee a specific time We will try to send updates via text message during the day. Receptionist will call you when your pet is ready.

Does your pet have Allergies (Including	e any of the following, describe please: g Food)	
Skin Conditions (Lu	umps or Skin Tags)	
Medical Conditions	(Heart murmur, arthritis, etc.);	
Please list each med	Timedications, including sedatives & Holication & time given Time:	
	Time:	
3)	Time:	_
Does your pet need	l lunch while here? □ Yes □ No	
Can Your Pet Hav	e Treats? □ Yes □ No	
Is Your Pet Social	Media Approved? □ Yes □ No	
If your pet has been co	ighing, sneezing, vomiting or has been t	to the vet within the last month please specify:
Signature:		Date:

As always, Thank You for trusting us with your little loved ones! We take great pride in our care to make your family our family. - Four Paws Inn and Staff.