



**Grooming Admittance / Instruction Form**

Client name: \_\_\_\_\_ Patient name: \_\_\_\_\_ Wt: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does your pet need to be seen by one of our Veterinarians today? Yes  No   
If yes, please explain: \_\_\_\_\_

***Please assist us with ensuring a satisfactory groom experience by providing us your grooming instructions.***

**Dog Grooms:**

Groom the same as last time:  Bath and brush only:  Full service groom with haircut:   
Length of hair: 3 ¾ inches (#3):  3/8 inch (#4):  ¼ inch (#5):  1/8 inch (#7):   
Teddy bear face:  Clean face:  Trim ears:  Trim tail:

**Cat Grooms:**

Groom the same as last time:  Bath and brush only:  Shave down:  Lion cut:   
Shave belly and rear only:  Just shave out mats, no bath:

**Additional Services:**

Teeth brushing: \$10.00  Nail grinding: \$10.00  Upgraded shampoo: \$5.00   
Hand Scissor (charged by the ½ hour):  De-mat fee (charged by the ½ hour):

**Packages:**

**Pampered package:** \$15.00  (*includes: nail grinding, teeth brushing,*)

**Spa package:** \$20.00  (*Includes: nail grinding, teeth brushing, upgraded shampoo & conditioner*)

**Shed Less package includes:** \$20.00  (*Includes: Shedless shampoo, Shedless solution to reduce shedding, Shedless tool used to remove excess hair, nail grinding, teeth brushing*)

\*\*\*PLEASE NOTE THAT THE STAFF OF FAUST ANIMAL HOSPITAL ARE NOT ON PREMISIS AFTER NORMAL BUSINESS HOURS FOR CARE OF HOSPITALZIED OR BOARDING ANIMALS.\*\*\*

By signing, I hereby authorize grooming and spa services and any additional requested treatments listed above. If my pet has a medical emergency I want to be contacted to authorize treatment, if I am unable to be contacted I authorize emergency treatment up to the amount of \$\_\_\_\_\_ I understand I will be responsible for these charges at time of discharge. All payments are due at time of service.

In addition, I understand that my pet is required to be current on all required vaccinations before he/she can be groomed. If I am unable to provide proof of vaccinations the grooming appointment will be rescheduled until proof is provided. The vaccines can be updated at the time of grooming service for the cost of the exam and vaccines. I agree to pay all additional fees for this convenient service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccines verified: \_\_\_\_\_ Initials: \_\_\_\_\_ Vaccines required: \_\_\_\_\_ Initials: \_\_\_\_\_