

Peachtree Corners Animal Clinic, P.C.

GROOMING CHECK-IN FORM

Date: _____

In Boarding? Y N

Client: _____

Patient/Breed: _____

Phone # _____

Doctor Exam Needed Y N

Requested P/U Time: AM

MID

PM

CWR

NOTES FOR GROOMER

(Teddy Bear, Breed cut, Puppy Cut, Lion Cut, summer cut, same as last time)

Add-On Services:

Furminator (\$15-20) _____

Brush Teeth (\$5) _____

Dremel Nails _____

(\$5 with groom)

Trim Ears/Tail upon request _____

Pluck ears (\$10) _____

SPECIAL NEEDS

(Medical conditions, dislikes nail trims, arthritis, needs treats, cannot have
treats, sensitive skin, needs sedation)

SIGNATURE: _____

DATE: _____