

Spa/Grooming Form

Date: _____

Client's Name: _____

Pet's Name: _____

Phone Number: _____

ALL PETS MUST BE ON CURRENT ON ALL VACCINES
If patient needs to be sedated, client must complete sedation form

Please indicate what your pet needs today:

___ Spa Day (rates vary based on size and coat length)

A day of pampering includes the following:

Bath, nail trim, and ear cleaning

___ Shave down (rates vary based on size and coat length and temperament of pet)

We offer a basic body shave down that includes the following:

Bath, nail trim, and ear cleaning. Please indicate your preference on the face, feet, and tail:

Does your pet need any other procedures or services today for an additional cost?

___ Trim/Shape paw pads \$ _____

___ Trim mats \$ _____

___ Potty patch shaved \$ _____

___ Express anal sacs \$ _____

___ Fecal/intestinal parasite screening \$ _____

___ Heartworm test/ additional blood work \$ _____

___ Medication refill \$ _____

___ Heartworm preventative \$ _____

___ Vaccines \$ _____

___ Exam with Veterinarian \$ _____

___ Flea/tick preventative \$ _____

Signature: _____