

Client Board/Grooming Information

Owner: _____

Telephone #: _____

Patient Name: _____ Species: _____

Breed: _____ Description: _____

Date In: _____

Date Out: _____

To Be Groomed:

YES

NO

Groom Date: _____

Special Grooming Instructions:

Exit Bath Only:

YES

NO

Exit Bath Only Date: _____

Pick Up Time : _____

*** If your pick up time changes please notify us as soon as possible to assure that your pet is groomed/bathed ***