## Southshore Animal Hospital Grooming Form



Pet's Name:		Date:		
Client Phone #:				
Please list any specific details on ho	ow you would like yo	ur pet's cut:		
How much fur (in inches) would yo	ou like us to leave? (1	./8", 1/4", 1/2", 1	.")	
If your pet is matted, please note shorter than requested.	there may be an add	itional charge an	d the groomer may r	need to go
<ul> <li>Would you like us to use the (\$10 extra charge)?</li> <li>Would you like us to use the Would you like for us to brue Would you like Pet Friendly</li> <li>Would you like your pet to</li> <li>Does your pet need to see a Docto</li> </ul>	e Dremel to file your ush his/her teeth (\$10 Nail Polish (\$5 extra have a <b>Bow or</b>	pets nails down ( D extra charge)? charge) Bandana?	(\$5 extra charge)? Teal/ (no additional cost)	ir from shedding YES or NO YES or NO YES or NO 'Pink or NO
It is our company policy to automatic prevent the spread of fleas to our oth Thank you for your cooperation.		•	•	•
Owners Signature		Date		
Office Use Only: Weight:	Amount to be	e Charged:		