Southshore Animal Hospital



Grooming Form

Pet's Name:	Date:
Client Phone #:	
Please list any specific details on how you would like your pet's cut:	
How much fur (in inches) would you like us to leave? (1/8", 1/4", 1/2", 1")	
If your pet is matted, please note there may be an additional charge and the groomer may need to go shorter than requested.	
• Would you like us to use the Furmenator to help remove exc	ess hair and limit their hair from shedding
(\$11 extra charge)?	YES or NO
 Would you like us to use the Dremel to file your pet's nails do 	own (\$12 extra charge)? YES or NO
 Would you like for us to brush his/her teeth (\$11 extra charg 	e)? YES or NO
 Would you like the ear hair plucked? 	YES or NO
 Would you like your pet to have a Bow or Bandana 	a? (no additional cost)
Does your pet need to see a Doctor while here? A doctor's exam wil	ll be \$52.50.

It is our company policy to automatically give any pet a Capstar Flea pill if there are fleas present. This helps us prevent the spread of fleas to our other furry friends. This is an automatic \$13 charge if your pet has fleas present. Thank you for your cooperation.

Owners Signature

Date

Office Use Only: Weight: _____

Amount to be Charged: _____