

Lake Animal Hospital

Grooming Instructions

Pet Name: _____ **Last Name:** _____
Breed : _____ **Style of Cut :** _____

Particulars - *Please Circle All Options That Apply:*

Ears:	trimmed	short	shaved
Face:	trimmed	shaved	beard - long or short
Feet:	trimmed	same as body	shaved (poodle feet)
Tail:	trimmed	same as body	leave alone
Body:	shaved (not to skin)		summer cut (¼ inch left)
	short not shaved (½ inch left)		puppy cut (¾ - 1 inch left)
	leave alone (brushed out)		pattern - type _____

Additional Instructions: _____

Please note that any pet in the kennel found to have fleas will **automatically** be given capstar to kill the fleas at an additional charge of \$7.40- \$7.85 depending on the size of the pet.

**Please be advised that the receptionist has a limited knowledge
of grooming procedures.**

This form is designed to aid the groomer in understanding exactly how you would like your pet to be groomed; however, severely knotted and matted pet hair limits the variations of grooms able to be performed. If there are any problems related to the grooming of your pet, we will contact you before proceeding.

Please know and understand that your pet may not be ready until 5:00pm Mon-Fri.

Please sign below to verify that the instructions are correct and leave us a phone number where we may contact you with any questions. Thank you!

Signature: _____ Date: _____ Phone: _____

SEDATION

As always, we will exercise care and caution when grooming your pet. However, if your pet has required sedation in the past for grooming, or if you believe he or she may require it now or in the future, please sign your consent below. Please note that all cats must be sedated for grooming, regardless of behavior.

Signature: _____ Date: _____