

Pet Hotel & Grooming Salon

Pet Grooming Contract
Date of Appointment://
① Drop-Off Time:
<u> </u>
\square I would like my pet to stay at daycare at the Pet Hotel (at cost)
• Full Name:
Phone Number (Primary):
Phone Number (Emergency):
Email Address:
☐ I consent to receiving text message updates on my pet's status and progress.
₽ ■ Pet Information
Pet's Name:
• Species (Dog/Cat):
• Breed:
• Age:
• Weight:
Color/Monkings

Sex: □ Male □	☐ Female
 Spayed/Neute 	red: □ Yes □ No
	accine Information
Clinic Phone:	
Required Vaccina	tions (Please check all that apply & provide proof):
For Dogs : ☐ Rabies ☐ Distemper/Parvo (I☐ Bordetella (Kennel☐ Canine Influenza (Cough)
For Cats : ☐ Rabies ☐ FVRCP	
	pet is up to date on all required vaccinations, that the vaccines have o earlier than the last 7 days, and I have provided valid proof.
☐ I confirm that my ¡	pet is up to date on monthly parasite prevention.
☐ If staying for dayc	are, I confirm my pet has had a negative fecal in the last 6 months.
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•	edical conditions or allergies? - Please specify:
•	f aggression, anxiety, or bite incidents? - Explain:
	one to any of the following? ☐ Hot spots ☐ Fleas/Ticks ☐ Ear infections ☐ Skin sensitivity

☆ Grooming Instructions

•	Services Requested:
	☐ Bradford Blow Out
	□ Standard Spa Package
	□ Deluxe Spa Package
	□ Paw-di-cure
•	Add On Services Requested:
	☐ External Gland Expression
	☐ De-shedding Treatment
	□ Nail Trim & Buff
	☐ Ear Cleaning
	☐ Tooth Polishing
	☐ Blueberry Facial
	☐ Fur Brightening/Darkening Treatment
	□ De-Mat
	☐ Flea/Tick Removal
•	Preferred Style/Cut Instructions:
•	Areas to Avoid (Sensitive or Injured):
•	Areas to Avoid (Sensitive or Injured): Special Handling Instructions:
•	
• •	Special Handling Instructions:
	Special Handling Instructions: onsent & Acknowledgments
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