Boarding Grooming Sheet

Client Name:			_ Pet(s)Name:						
Date of Pick-Up:			Time Expected:						
[] Full Groom	[]	Face, Feet,	Tail	[]	Kennel Bath	
Has y	our animal been groom	ed w	ith	us before?	Yes		N	o	
	, or if you are wanting suctions about how you			-					
FACE	/HEAD:								
	Y:								
FEET	/LEGS:								
TAIL/	'EARS:								
Phon	e Number:								
Alter	nate Number:								
 Clien	t Signature					Date			

Admitted: _____