

Dr. Kevin Barcus, D.V.M.



Mounds View Animal Hospital

Dr. Bruce Schnabel, D.V.M.

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Grooming Drop Off Form

Client Name: _____ Contact #: _____

Pet Name: _____

Grooming Date: _____ Grooming Time: _____

Pick-up Date: _____ Pick-up Time: _____

Boarding Dates: _____ PRE-PAID (Boarding) \$ _____

Standard Groom

Clipping of Certain Breeds

Bath

Blow Drying

15 Minutes Brushing

Nail Trim

Ear Cleaning

Extra Services (Available for Extra Charge)

Express Anal Glands (\$5-15)

Brushing Teeth (\$5.00)

Flea Shampoo (\$6)

Dematting (\$ depends on Coat)

Scissoring (\$ based on Breed & Coat)

Medicated Shampoo (\$6.00)

Grooming Instructions

Regular Clients: Same as Last Time Groomed: Yes No

Body and Leg Length (See Sample Lengths) #7 #5 #4 #3

*Anything longer would be scissor cut

Head Style: Square Round Other _____

Face Length: Short Long Other _____

Ear Style: Square Round Other _____

Tail Trimmed: Yes No Other _____

Other Instructions: _____

Special Shampoo: Prescription (\$5) type _____

Hypoallergenic

Oatmeal

Medical Needs: _____

Notes to Groomer: _____

Employee Initials: _____

Groomer Initials: _____