



Your full name: _____

Your contact details _____ (mob)
_____ (home) _____ (work)

Contact number on the **DAY OF GROOMING:** _____

What would you like done today? (circle one)

Bath and Dry

Bath and Tidy

Full Groom

Please note: Eye/Ear cleaning & Nail clipping are all a part of normal service. **Heavy matting requires additional work and is extra charge.**

If you circled 'full groom' above: (Circle one then specify below)

Summer Clip

Winter Clip

Spring Clip

Nose to tail clip

If you have more intensive grooming instructions, please note below.

Intensive Grooming instructions:

Head: _____

Body: _____

Feet: _____

Face: _____

Tail: _____



New customer - Admissions K9 Zone

Dogs Name: _____ Breed: _____

Dogs D.O.B: ____/____/____ Desexed : Yes/No Vaccinated: Yes / No

Behavioral Issues:

Medical Issues:

Is your dog allowed treats? Yes/No

If no, state medical reason: _____

Sensitive shampoo: Yes / No Supplied By owner: Yes / No

Does your dog have fleas? Yes / No (if yes, please see our flea control section attached)

Dogs personal items e.g. Collar, Leash, Shampoo/Conditioner or Crate

(describe)

Vets Name: _____ Vets number: _____

Extra charges : (to be stated here, by staff member):



De Matting \$ _____

Medicated shampoo \$ _____

Poodle feet \$ _____

Flea treatment \$ _____

Worm treatment \$ _____

Permissions:

I give permission to provide the service above, I have read and understood the policies and any emergency situations the owner shall be notified and the dog/s will be transported to Bacchus Marsh Veterinary Clinic at the owners' expense.

X _____

I give permission for my dog to be photographed for social media:

X _____