# Grooming Check-In

**PET’S NAME:**

**CLIENT’S LAST NAME:**

**BREED:**

**PHONE NUMBERS:** (WHERE WE CAN REACH YOU)

**WEIGHT:**

**AGE:**

**CALL WHEN DONE?**

YES  NO

IF NOT CALLED, EXPECT TO PICK UP ½ HOUR BEFORE CLOSE

**MEDICAL PROBLEMS?**

### Please Indicate Type of Grooming Requested:

___________________________________________________________________________________________

___________________________________________________________________________________________

### Length of Hair to Be Left on Pet?

___________________________________________________________________________________________

### Additional Services: Please Circle Any Additional Services You Request:

<table>
<thead>
<tr>
<th>Additional Shampooing Options</th>
<th>Blow Out/Brush Out Undercoat or Demat (Determined by Breed)</th>
<th>Vaccinations: Rabies, Distemper, Bordetella, FeCal, FLU, Lepto, Lyme, HW Test Proheart, Bravecto, Sentinel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conditioner</td>
<td>Orthodox, Shampoo, Oatmeal</td>
<td>Bravecto, Proheart, Sentinel</td>
</tr>
<tr>
<td>Oatmeal</td>
<td>Medicated, Whitening</td>
<td>Bravecto, Proheart, Sentinel</td>
</tr>
</tbody>
</table>

($11 - $19)

### Note:

- **If your specified groom must be altered due to heavy matting, an attempt to contact you will be made. If we are unable to reach you, the groomer will continue with the service at an additional charge.**

- **If sedation is necessary, we will attempt to contact you.**

- **I understand that if fleas or ticks are found on my pet that Northern Virginia Veterinary Associates will administer treatment. I agree to pay for services required for treatment.**

- **I understand that the Bordetella vaccine is required to proceed with any grooming services and I authorize the staff to administer the vaccine if it is due.**

**Signature:** ___________________________