



Miami Valley Animal Hospital - Grooming Check In

Groomer: Jennifer Bunn 937-434-8387

Date _____ Preferred Pick-Up Time _____ AM/PM

Owner's Name: _____

Pet's Name: 1. _____

2. _____

Phone Number's where you can be contacted:

Home: (_____) _____ Cell: () _____

Work: (_____) _____ Other: () _____

Pets Personal Items left with us today:

Does your pet have any allergies: Yes No

If yes, please specify _____

Tranquilizer if necessary: Yes No

Pet is Matted: Yes No

Do you prefer cologne: Yes No

Special Instructions: _____

How would you like your pet trimmed?

Face Short/Long Other _____

Tail Short/Long Other _____

Body Short/Long Other _____

***I understand if it is not possible to do the trim requested, the groomer will do the best she can for my pet.**

Client Signature

Please check with the groomer regarding best pick-up time