

CAMP SUNSET GROOMING CHECK-IN FORM



OWNER'S NAME: _____

PET NAME: _____ Client ID (Clinic Use Only): _____

Does your pet have any of the following health conditions?:

Seizures: ___yes___no If yes, on medication?: ___yes___no How frequent do they occur?: _____

Epilepsy: ___yes___no If yes, on medication?: ___yes___no How frequent do they occur?: _____

If epileptic, do you know your pet's trigger? If so, what? _____

Diabetes: ___yes___no If yes, on insulin? ___yes___no When was the last dose? _____

If diabetic, when is their next meal? _____ When is their next insulin dose? _____

Blind: ___yes___no Deaf: ___yes___no Arthritis: ___yes___no

Any other medical conditions the groomer should know about?: _____

Does your pet have the tendency to nip/bite for any of the following reasons?:

Touching any of the following (check all that apply): tail ___ feet/toenails ___ face ___ ears ___

doing anal glands ___ kennel shy ___ unsure ___ other: _____

*Any pet that bites a person resulting in broken skin will be subject to local and state quarantine regulations at the expense of the owner. Per our policy, any person bit is also required to seek medical attention. Initials: _____

*If pets are not picked up within 2 hours of the courtesy call, a day boarding fee of \$23 per pet will be applied. Initials: _____

*I am aware that if my pet is matted, the mats must be removed at the groomer's discretion for the safety and health of the pet (ie: shaving and/or scissoring). This may result in the pet being completely shaved down to the skin. Initials: _____

*We are working with live animals and equipment that can cut/injure a moving animal. In the case your pet is cut/injured during the grooming process, do you authorize Sunset Animal Hospital to treat your pet? ___yes___no

Any additional costs will be at the owner's expense. Initials: _____

Extra Services (Additional Fees Apply)

Nail Grinding De-Shed Treatment Mud Bath Blueberry Facial Teeth Brushing

IN CASE OF AN EMERGENCY/AUTHORIZATION OF TREATMENT PLEASE CONTACT:

Name: _____ Telephone: _____

Best number to call for pick up: _____

SIGNED: _____ DATE: _____

ADDITIONAL NOTES: