

Grooming Admission

| Owners Name: | Address: | | | |
|---------------------------------------|---------------|----------|--|--|
| Contact Number: | Dogs Name a | ınd Sex: | | |
| Dogs Breed: | Dogs coat/Co | lour: | | |
| Spayed/Neutered: Yes NO | Birth Date or | Age: | | |
| Is your Dog currently vaccinated (C5) | yes | no | | |
| Special Grooming Instruction? | | | | |

| Any health or behaviour concerns we sho | ould know about? | | |
|--|---------------------------------------|----------------|--|
| | | | |
| | | | |
| <u>Please read an</u> | d sign below | | |
| I agree for K9 Zone to groom or clip my dog/s, I have read and understood the policies, any emergency situations while grooming, owner shall be notified, dog/s will be transported to Bacchus Marsh Veterinary Clinic, consultation at the owner's expense. | | | |
| | | | |
| Sign: | Name: | Date: | |
| | | | |
| ** Please note: There is an additional characteristic determined by the groomer; additional of flea/worming treatment, breed clip or podown due to health concerns. | chargers are necessary if your dog re | equires | |
| Day-care fees will be applied if your dog | isn't picked up 45mins after the gro | oming session. | |