



Welcome to Maplewood Career Center Dog Grooming!

Owner(s): _____

Mailing address: _____ City/State/Zip: _____

Email address: _____

Phone: _____ Emergency Contact Phone: _____

First Pet's Name: _____

Breed: _____ Color: _____

Age: _____ Please Circle: Female / Male Spayed / Neutered

Second Pet's Name: _____

Breed: _____ Color: _____

Age: _____ Please Circle: Female / Male Spayed / Neutered

Does your pet have any medical problems **past or present**?

Name of Veterinary Clinic: _____

What services would you like performed on your dog today?

First dog: [Circle all that apply] (Ears are cleaned on EVERY dog)

Bath Nails Teeth Brushed Anal Glands Externally Expressed Hair Cut De-shed Treatment

Do you or your dog have allergies and require Hypo allergenic Shampoo? YES NO

What length would you like your dog? Please explain _____

Second dog: [Circle all that apply] (Ears are cleaned on EVERY dog)

Bath Nails Teeth Brushed Anal Glands Externally Expressed Hair Cut De-shed Treatment

Do you or your dog have allergies and require Hypo allergenic Shampoo? YES NO

What length would you like your dog? Please explain _____

I, the undersigned, fully understand that the services I have requested for my pet are part of an educational project and therefore the complete work cannot be guaranteed. I also understand that these services are being performed by students under the supervision of the instructor, and I hereby release Maplewood Career Center and all the school personnel from any and all liability due to mistakes in grooming, accident, or injury to my animal.

Date: _____ Signature: _____

[This side is for student use ONLY.]

Weight of First Pet _____ Weight of Second Pet _____ Total Cost _____ Paid? _____

What services were performed on this dog?

First dog: [Circle all that apply] Were ears cleaned? _____ How did they look? _____

Bath Nails Teeth Brushed Anal Glands Externally Expressed Hair Cut De-shed Treatment

What Shampoo was used? _____ What Conditioner? _____

What blade/comb was used? _____

Second dog: [Circle all that apply] Were ears cleaned? _____ How did they look? _____

Bath Nails Teeth Brushed Anal Glands Externally Expressed Hair Cut De-shed Treatment

What Shampoo was used? _____ What Conditioner? _____

What blade/comb was used? _____

Were there any health problems, injuries, or lumps you noticed during check in of this animal? Note anything visible on Diagram One _____

Were there any health problems, injuries, or lumps you noticed while grooming this animal? Note anything visible on Diagram Two _____



BOTTOM TOP

DIAGRAM ONE



BOTTOM TOP

DIAGRAM TWO