

South Hill VETERINARY GROOMING REQUEST SHEET HOSPITAL

Date:	Client	name:	Pets name:
	G	omer and try to be as sp	-
	0 /	anal glands and ear pluc o we have your permissi	O
Yes	No	Your initials	
Please fill in	what you would like to	o have done to these are	as:
Head:			
Face:			
Ears:			
Tail:			
Feet:			
Body and len	ngth of hair:		
Additional co	omments:		
	OOMER HAS NO DIR S DISCRETION.	ECTIONS, YOUR PET V	WILL BE GROOMED AT THE
Phone # you	can be reached at today	:	
	by a specific time?	No	
	at we will try to have your pe onfirm go home time for you		equested, but we cannot guarantee it.
Signature:			