

Please print, fill out and bring this form with you at the time of your pets' appointment. Thank you.

GROOMING BY REUBEN

Name: _____ City: _____ State: ____ Zip: _____

Phone (with area code): _____

Pets' Name: _____

Breed: _____ Color: _____ DOB: _____

GROOMING INSTRUCTIONS Please be as specific as possible
OWNER(S) OR A RESPONSIBLE AGENT MUST BE AVAILABLE BY PHONE
UNTIL NOON TO DISCUSS/CONFIRM GROOMING INSTRUCTIONS

Would you like your pet to be seen by the Doctor today? **YES / NO**

Reason for exam: _____

ARE DIAGNOSTICS AND TREATMENT OK? Please choose:

Treat as needed _____ (INITIAL)

I pre-authorize treatment as needed up to \$_____.00 (please fill-in amount) _____ (INITIAL)

Please contact me before treating* _____ (INITIAL)

**I understand that if I am not able to be reached, testing and treatment will not be done.*

All dogs here for 4 hours or longer will receive a mid-day walk at no charge.

Would you like your pet to have an additional walk today? (\$6.25 per walk)? **YES / NO**

Would you like your pet's Anal Glands to be expressed today (\$13 with grooming)? **YES / NO**

YOU WILL BE CALLED WHEN YOUR PET IS READY TO BE PICKED UP

SIGNATURE: _____

CONTACT NUMBER FOR TODAY: () _____ (required)

Area below to be completed by groomer:

ESTIMATE FOR GROOMING SERVICES (new clients or requested): _____

ESTIMATED PICK UP TIME: _____