



DATE: _____

GROOMING CHECK-IN

Centreville Square Animal Hospital

14215-L Centreville Square
Centreville, VA 20121
(703) 222-9682

Chantilly Animal Hospital

13705 Lee Jackson
Memorial Hwy
Chantilly, VA 20151
(703) 802-8387

Companion Animal Clinic

10998 Clara Barton Drive
Fairfax Station, VA 22039
(703) 250-4100

Falls Church Animal Hospital

1249 West Broad Street
Falls Church, VA 22046
(703) 532-6121

PET'S NAME:		CLIENT'S LAST NAME:	
BREED:		PHONE NUMBERS: (WHERE WE CAN REACH YOU)	
WEIGHT:			
AGE:	CALL WHEN DONE?	YES	NO
IF NOT CALLED, EXPECT TO PICK UP BEFORE 6:30PM			
MEDICAL PROBLEMS?			

PLEASE INDICATE TYPE OF GROOMING REQUESTED:

LENGTH OF HAIR TO BE LEFT ON PET?

ADDITIONAL GROOMING SERVICES: PLEASE CIRCLE ANY ADDITIONAL SERVICES YOU REQUEST:

ADDITIONAL SHAMPOOING OPTIONS		TOOTH BRUSHING (\$11-\$19)	BLOW OUT/ BRUSH OUT UNDERCOAT OR DEMAT (DETERMINED BY BREED)
CONDITIONER	MEDICATED		
OATMEAL	WHITENING		
(\$ 11 - \$ 19)			

NOTE:

- ❖ IF YOUR SPECIFIED GROOM MUST BE ALTERED DUE TO HEAVY MATTING, AN ATTEMPT TO CONTACT YOU WILL BE MADE. TO CONTINUE WITH THE GROOM IF WE ARE UNABLE TO REACH YOU.
PLEASE INITIAL HERE: _____
- ❖ IF SEDATION IS NECESSARY, WE WILL ATTEMPT TO CONTACT YOU. IF YOU ARE UNABLE TO BE REACHED PLEASE INITIAL TO APPROVE SEDATION AND TO CONTINUE GROOMING.
PLEASE INITIAL HERE: _____
- ❖ I UNDERSTAND THAT IF FLEAS OR TICKS ARE FOUND ON MY PET THAT COMPANION ANIMAL CLINIC WILL ADMINISTER TREATMENT. I AGREE TO PAY FOR SERVICES REQUIRED FOR TREATMENT.
PLEASE INITIAL HERE: _____

SIGNATURE: _____

