



# Grooming



Pet's Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

My Pet has the following Special Needs: \_\_\_\_\_

Requested Veterinary Services: \_\_\_\_\_

**We require all pets to be current on the following vaccinations and labs while staying with us:  
(K9) Rabies, Distemper, Bordetella, Heartworm Test and Fecal.  
(Feline) Rabies, Distemper, Feline Leukemia or proof of negative combo test and Fecal.**

Please describe in detail the type of clip, bath or grooming procedures you would like: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Deshedding



Brush Teeth

I give JCVC authorization to sedate my pet, to ensure a safe & stress free grooming experience. \_\_\_\_\_  
INITIALS

Shampoo Requests:  Regular  Conditioning Treatment  Deodorizing

Medicated:  Flea  Hylite (hypo-allergenic)  Relief  Oatmeal  Oxydex  SulfOxyDex

Current Flea/Tick products you use:

Advantage/Advantix  Frontline  Revolution Date of last application: \_\_\_\_\_

**JCVC is a flea free environment. All pets must be on one of the above mentioned or a veterinary prescribed flea/tick control.  
If pet is not on a preventative or we detect fleas/ticks, we will treat with either a Capstar  
or apply a flea/tick preventative at the owner's expense.**

Earliest Pick-Up Time: \_\_\_\_\_

\_\_\_\_\_  
Owner or Authorized Representative

\_\_\_\_\_  
Date