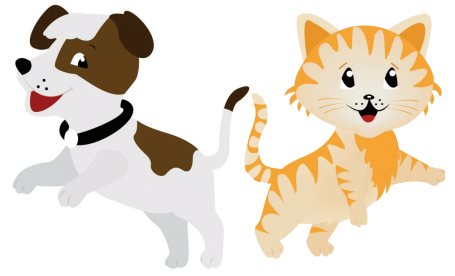




Grooming



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