



BIRKDALE
Animal Hospital

Grooming Client Agreement

We have arranged for you to leave your pet here, to allow our groomer to style your pets hair. Please read through the following questions and answer any that may apply to your pet today.

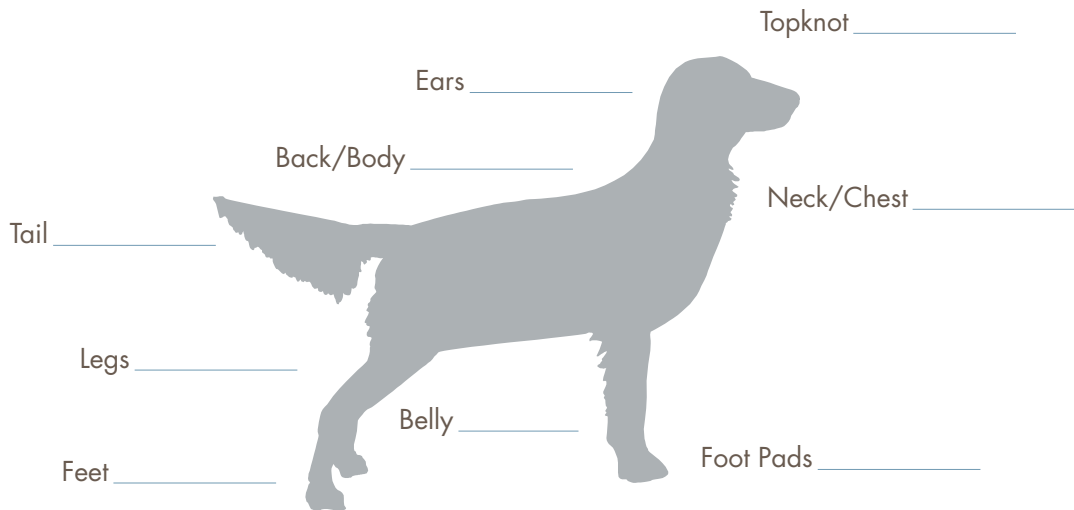
Dog/Cat First name: _____ Last Name: _____

Date/time Drop off: _____ Pick up: _____

Groom - short hair Groom- Long hair (please fill out diagram below)

Special Instructions: _____

What time would you like your pet ready? _____



What kind of head/face shape would you like for your pet? Round Oval Square

Would you like your animal to have a shorter shaved area around the rump (sanitary shave)? Yes No