Patriot Pet Care Grooming Check-In Waiver

| Pet(s): | | Date of Grooming: | | | | |
|---|-----------------------|-------------------|-------------------|------------------|-------------------|--|
| Please initial: | | | | | | |
| I agree that my date and no changes ar | | veterinary car | e instructions, a | ind emergency co | ntacts are up to | |
| I have informed | staff of any ne | w health issues | s for my pet. | | | |
| I have chosen t | he following gro | oming/Spa op | tions: | | | |
| Basic Bath | Full Groom | Brush-Out | Sanitary Trin | n Deshedding T | reatment | |
| Nail Dremeling Teeth Brushing Mat Removal | | | | | | |
| If selecting Full | Groom , please | describe how y | you would like y | our pet trimmed: | | |
| | | | | | | |
| I have chosen a cshampoo): | customized shar | npoo, \$5 add-c | on (all other pet | s with be bathed | in an all-purpose | |
| Soothing Oatmeal | eal White | ning Odor | Removing | Hypoallergeni | Hypoallergenic | |
| | | | | | | |
| | C:t- | | | | | |