



Grooming Intake Form

Client Name: _____

Cat Name: _____

Personal items (Food, Carrier, Toys, Blankets.): _____

Grooming instructions:

Would you like any other services while your cat is being groomed?

Nail trim _____

Ears cleaned _____

Flea Treatment _____

Other _____

Please indicate whether you will allow us to sedate your cat, for the purpose of grooming? Yes _____ No _____ (If yes, please also sign our anesthesia consent form)

If your cat has fleas, we will administer a Capstar in order to reduce the population while at the clinic.

Please note that the Cat Clinic requires proof of Rabies and FVRCP vaccines for all grooming cats. If you cannot provide such proof, we will examine and vaccinate your cat at an additional charge.

Sign _____ Date _____