

The Village Groomer & Animal Inn

Pet Name(s)/Breed: _____ Room: _____

_____/_____/ Age _____

_____/_____/ Age _____

Check-In ___/___/___ Check-Out ___/___/___

Serving Size: _____ 1x 2x 3x Free Feed

Did you bring treats? Yes No

Belongings

Will your pet require medication while staying with us? Yes No

Detailed instructions:

SALON SERVICES

Would you like us to groom/bathe your pet before checkout (subject to availability)?

Circle one: -Yes- -No- -Nail Trim Only

Would you like a spa package? YES NO

FB FF PP MED FURM

IF YES, YOUR PET WILL NOT BE AVAILABLE UNTIL AFTER 2 PM.

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