

Briarcrest Veterinary Clinic, Inc.  
1492 Wilcrest Drive  
Houston, TX 77042  
713-789-8320

### GROOMING INSTRUCTIONS

Client's Name: \_\_\_\_\_ Client Account #: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Emergency Contact Name & Phone #: \_\_\_\_\_

**Please check the services you are requesting for your pet at this time.**

Bath Only (Medicated Shampoo Additional Charge)  Bath & Nail Trim

Teeth Brushing  Flea Treatment

Trimming ( Face  Feet  Rear Area  Other \_\_\_\_\_)

Full Grooming: Please specify style & length by inches to leave (If there is not exact length, it will be left to groomer's judgment)

Face: \_\_\_\_\_

Ears: \_\_\_\_\_

Body: \_\_\_\_\_

Legs: \_\_\_\_\_

Tail: \_\_\_\_\_

Special Remarks: \_\_\_\_\_

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Example: Leave eye lashes, bad hips, sensitive skin, pregnant, etc.

If groomer finds it impossible to cut hair as requested due to the pet's hair condition, I want to:

Hear from groomer and discuss alternative options

Leave it to the groomer's judgment

Agree to make it shorter or shave

Brush mats out if possible (dematting additional charge to service requested)

Sedation occasionally is needed for pets. A treatment consent form is required to be signed by the client. (Additional charges for sedation)

Other: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_