

Cat Care of Fayette Exotic Grooming Request Form

Owner's Name: _____ Pet's Name: _____

Phone Number at which the Groomer can reach you today: _____

- Has your pet been groomed professionally before? Yes No
- Does your pet have any **health conditions**? Yes No
If yes, please list: _____
- Is your pet on any **medications**? Yes No
If yes, please list: _____
- To the best of your knowledge, rate your pet's behavior while being groomed:
 Very Sweet Tolerant Somewhat Difficult Aggressive

All Grooms include: Bath, Nail Trim, Ear Cleaning, Clean Scent Glands, and a Brush Out

Please describe what you want done: CHECK ALL THAT APPLY:

Same as before (*check ONLY if you have been here before*)

Pick your bath: Aloe Bath (most common) Medicated Bath - \$7.00 extra

Brought own shampoo, type: _____

Pick your groom:

Rabbit Bath \$30.50 Angora Groom, Dematt/No Bath \$35.00

Guinea Pig \$23.00 Long Hair Guinea Pig – Trim/Sanitary \$30.50

Ferret Bath \$23.00 Other Exotic – Price determined by groomer

Please be aware that costs may change by the amount of time spent grooming your exotic pet.

Special Requests: Do not clean scent glands Bows

No Nail Trim No Bows

Other requests: _____

All precautions are taken while handling exotic pets; unfortunately exotics can be fragile and handling them can cause stress. Stress can cause illness and sometimes sudden death. Exotic behaviors cannot always be anticipated and unexpected injuries can occur. By signing below you are agreeing that you are aware of these possibilities and have decided to continue with the groom.

I authorize Cat Care of Fayette to examine and treat my pet, and by signing below declare that I have authority to approve such treatment. Signer agrees to take financial responsibility in the event the doctor suffers damages due to treatment that was fraudulently, or improperly, authorized by signer. I understand that I am responsible for all charges incurred and must pay for those charges in full upon services being rendered. (We do not accept checks as a form of payment)

Owner/ Agent Signature _____ Date _____