

KINGDOM CAVALIERS



Grooming Request Form

Customer's Information:

Name 1: _____ Name 2: _____

Address: _____

Home Ph #: _____ Cell Ph #: _____ Email Address: _____

In case of emergency, Contact Name: _____ Phone #: _____

Pet Information:

Pet's Name: _____ Sex: Male / Female Spayed/Neutered: Y / N Weight: _____

Birthdate: _____ Specific Breed (Cavalier, Labrador, etc) _____

Previous Grooming? Yes / No If so, what type & where: _____

Grooming Information:

I am interested in the following grooming services ...

☐ Anal Gland Expression

☐ Ear Cleaning

☐ Sanitary Trim

☐ Add On Package (Anal Gland Expression, Ear Cleaning, Sanitary Trim & Toe Nail Trim packaged together with bath appointment)

☐ Bath

☐ Ear Plucking with Cleaning (for approved pets only)

☐ Toe Nail Trim

Has your pet ever shown fear or aggression signs? If so, please provide details. _____

