

# GST BOCES

## Animal Science

### Grooming Intake Form

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Owner Phone \_\_\_\_\_

#: \_\_\_\_\_

Breed: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Age: \_\_\_\_\_

Weight: \_\_\_\_\_

Release Form on file:      **Yes**      **No**

Can your dog have treats? **Yes**      **No**

**Vaccination Record:**

Rabies *Exp. Date:* \_\_\_\_\_

DA2PPV/DHPP *Exp. Date:* \_\_\_\_\_

Kennel Cough *Exp. Date:* \_\_\_\_\_

Other(s): \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

Has the dog been groomed before?                      Yes or No

**Services Requested:**

Bath \_\_\_\_\_ Ears \_\_\_\_\_ Clipping \_\_\_\_\_ Nails \_\_\_\_\_

*Special Requests:*

\_\_\_\_\_

\_\_\_\_\_

# GST BOCES

## Animal Science

### Grooming Intake Form

**ALERTS (behavior, health concerns):**

---



---

**Service Notes:**

Student \_\_\_\_\_

Groomers: \_\_\_\_\_

***Intake Exam:***

- |  |               |                         |
|--|---------------|-------------------------|
| a. does the skin appear to be healthy?     | <b>Yes</b>    | <b>No</b>               |
| b. does the animal have mats?              | <b>Yes</b>    | <b>No</b>               |
| c. does the pet smell foul?                | <b>Yes</b>    | <b>No</b>               |
| d. does the skin appear red or inflamed?   | <b>Yes</b>    | <b>No</b>               |
| e. does the pet scratch or itch?           | <b>Yes</b>    | <b>No</b>               |
| f. are any parasites present?              | <b>Yes</b>    | <b>No</b>               |
| g. is the coat oily, filmy, dry or limp?   | <b>Yes</b>    | <b>No</b>               |
| h. type of dog: active, outdoor, pampered? | <b>Active</b> | <b>Outdoor Pampered</b> |
| i. how often is this animal groomed?       | _____         |                         |
| j. what do the ears look like?             |               |                         |
| i. do the ears smell?                      | <b>Yes</b>    | <b>No</b>               |
| ii. is there anything in the ears?         | <b>Yes</b>    | <b>No</b>               |
| iii. discharge for ears?                   | <b>Yes</b>    | <b>No</b>               |
| k. discharge from eyes?                    | <b>Yes</b>    | <b>No</b>               |
| l. are the nails damaged?                  | <b>Yes</b>    | <b>No</b>               |

Other observations:

---



---

**Services Summary** ( please write a summary of the services performed, animal temperament, etc)

*Services Performed:*

Bath \_\_\_\_\_ Ears \_\_\_\_\_ Clipping \_\_\_\_\_ Nails \_\_\_\_\_

---



---



---



---

©

J. Schermerhorn, GST BOCES, 2014

**GST BOCES**  
**Animal Science**  
**Grooming Intake Form**

---

---

---

---

---