

Dog Grooming

Jefferson-Lewis BOCES

20104 State Route 3

Watertown, New York 13601

Name: _____

Phone: _____

Address: _____

Pets Name: _____

Breed: _____

Date: _____

Age: _____

Services Performed:

Brushing

Clipping

Teeth Cleaning

Drying

Flea Bath

Nail Clipping

Remarks: _____

Rabies Expiration: _____

Groomer: _____

It is the understanding of the owner that this is a learning environment and that the students have not had professional grooming instruction. The program is not responsible for any errors or accidents that may occur. By signing this paper you have accepted responsibility for any actions that may occur.

Signature of owner