

ASSESSMENT OF CAT FOR GROOMING APPOINTMENT

CLIENT INFORMATION

Client Name: _____ Phone Number: _____
Cat Name: _____ Breed: _____ Age: _____

CAT BACKGROUND & ENVIRONMENT

- Weapons: Declawed Indoor Only Indoor/Outdoor Feral
- Household: Cats _____ Dogs _____ Children _____, Ages: _____
- Where did the owner get the cat? _____
- How long has the owner had the cat? _____
- Notes: _____

GROOMING EXPERIENCE/VETERINARY HISTORY

- Has the cat ever been groomed before? _____ How frequently? _____
- Has the cat ever been sedated for grooming? _____
- Health Issues: Heart Seizures Arthritis Previous Injury
- Notes: _____

OWNER CONCERNS

- Shedding Sanitary Issues Matting/Tangles
- Sharp Nails/Scratching Fleas Skin Conditions
- Other: _____

REQUESTED GROOMING SERVICES

- Bath/Blow Dry Short Nails Soft Paws Front / Back
- Sanitary Trim Belly Shave De-Shedding Treatment
- Comb Cut Mat/Pelt Removal Lion Cut Pom Tail / Full Tail
- Other: _____

FOR GROOMER USE ONLY

SKIN & COAT CONDITION

- Long/Ingrown Nails Excess Undercoat Sanitary Issues
- Dandruff Fleas Flea Bite Dermatitis
- Other: _____

MATTING / PELTING

- Minimal (No De-Matting Fee) Moderate (Dematting Fee Required of \$_____)
- Severe (Pelting Fee Required of \$_____)
- Notes: _____

TEMPERAMENT ASSESSMENT

- Compliant Shy Aggressive
- Notes: _____

RECOMMENDED SCHEDULE

- Services Recommended to Client: _____
- Frequency/Schedule: _____