



Pre-Grooming Survey

*Please help us provide the best care for *pet by responding to the following questions prior to *pet's scheduled appointment. Thank you.*

Note: Please bring some of *pet's favorite treats as it will make the grooming experience a positive one!

Have you or anyone in your household been ill within the last ten [10] days? A mask will be required when entering the building.*

Required field

☐ Yes

☐ No

Owner's Name*

First Name

Last Name

Address*

