Grooming Request for New Clients

with Kathy Hysen, Certified Feline Master Groomer
This form can be completed on your computer.
Please save it before returning to info@petpanachegrooming.com

Last Name

First Name



| Email Address | | | | |
|--|------------------------|----------------------------------|-------------|--|
| Landline Phone | dline Phone Cell Phone | | | |
| Grooms and nail trims are by appointment only. | | | | |
| Which days are convenient for you? Please check all that apply. | | | | |
| Wednesday | Thursday | Friday | Saturday | |
| Which times are convenient for you? Please check all that apply. | | | | |
| Mornings | Afternoons | Evenings | 5 | |
| What is your cat's name? | | | | |
| How old is your cat? | | | | |
| Is your cat: (please check one) | Shorthaired? | Longhai | Longhaired? | |
| Have they been to a groomer before | e? Yes | No | | |
| What problems are you having with your cat that we can help resolve? | | | | |
| | | | | |
| Before your cat can be groomed at Pet Panache CAT Grooming, they must have had a veterinary exam within 12 months and be up-to-date on their recommended vaccines. Please email records to info@petpanachegrooming.com . | | | | |
| Name of your veterinarian: | | | | |
| Name of the veterinary clinic: | | Phone N | umber: | |
| Date of last health check up: | Date o | Date of last rabies vaccination: | | |
| Please check the COVID-19 procedures on the website. Payment is by e-transfer to PPG at info@petpanachegrooming.com Thank you! | | | | |
| Kathy Hysen, CFMG | | | | |