Dupont Animal Care Center 534 East Dupont Road Fort Wayne, Indiana 46825 2026 yearly Grooming Request Form



Please fill out the following form.

Once completed please mail it, drop it off at the front desk or send a copy to contact@dupontanimalcare.com.

These dates will be added to our grooming book and we can, if needed, give you a copy of this form to confirm your appointments, if we cannot honor the requested dates we will notify you.

PLEASE FILL OUT COMPLETELY

Customer Info		Pet Info	
Name		Name	
Address		Breed	
Home phone		age	weight
Cell phone		Type of haircut	
email		Any health problems	
List Requested Grooming Dates (Monday thru Friday) Please write specific dates and remember we do not groom on Holidays.		<u>Requested Groomer</u>	
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Emergencies: In the event of an emergency, I authorize this establishment to immediately seek professional veterinarian attention for my pet(at my expense). I understand that all attempts will be made to contact me in the event of an emergency.

<u>Coat Condition</u>: I understand that this establishment puts my pet's comfort above all else. In the event that my pet's coat is matted I understand that the groomer may have to shave the mats out rather than perform a painful dematting process. I also understand that if my pet is severely matted, there is an increased risk for clipper burn or cuts to occur. I understand that all attempts will be made to prevent this, however in many extreme mat conditions, it is unavoidable. I also understand that matted pets take additional time to groom so there will be an additional fee added onto the regular grooming price if the pet's coat is matted.

<u>Health</u>: I understand that grooming can be stressful to some pets and I will inform the groomer if my pet has any heart conditions or any stress related issues prior to grooming. I also understand that it is necessary to have my pet up to date on all vaccinations prior to every grooming.

Signature:	Date:
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