

ALL SEASONS PET CARE

SPA / PET STYLING INFO

Hours

Mon-Fri 8:00 to 6:00
Saturday/Sunday 9:00-5:00

Master Card, Visa & Discover
After Hours \$ 40.00

Please Print: Driver License State _____ # _____
Name (last) _____ (First) _____
Mailing Address: _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone _____ Work Phone _____
E-Mail Address _____ Veterinarian Clinic _____

Would you like to schedule an appointment for your next groom appointment after each visit? Yes No
Would you like us to send you a reminder to Schedule your next Grooming Appointment? Yes Every _____ weeks.
Notify by: E-mail Phone Call Regular mail
If you were referred to us, to whom may we thank. _____
Where did you find us? Please Circle One **Dex** **Yellow Book** **Gold Pages** **Internet** **Other**

Pets will be taken for a short walk, receive a delicious snack and be provided fresh water for their comfort during their visit.

Medical Conditions _____

1ST Pet's Name _____
Breed _____
Color _____
Sex: Male Female
Spay/Neuter Yes No
Age _____ Food _____

CAUTIONS
 May Bite use Caution
 Mole/Warts
 Sensitive Skin Feet Ears
 Clipper Rash
 Medical _____

REQUESTS (Additional Charges)
 Brush Teeth (\$5.00)
 Blueberry Facial (\$5.00)
 Nail Caps (\$11.00 Front / \$16.00 All 4)
 Nail Polish (\$8.00)
 Warm Mud Bath (\$11.00 up)
 Relaxing Hand Massage (\$11.00)
 Conditioner (\$6.00 up)
 Hot Joba Joba Oil (\$8.00 up)
 Medic/Specialty Shampoo (\$6.00 up)
 30 Day Tick/Flea (\$9.50)
 5 Month Tick Collar (\$10.98)

Do you prefer Bows (No Charge) Bandannas (No Charge) Ear Rings & Bling None

Checks must be PRE-APPROVED. Returned checks will be charged **\$40.00**. Pets left after normal business hours will be charged **\$40.00** or at the discretion of ASPC boarded at the regular rate and applying ASPC contract terms/conditions All Seasons Pet Care reserves the right to display any pictures and apply text describing pet(s) for advertising purposes via any media source.

Please visit us on Face Book and our Website allseasonspetcare.net

Owner/Agent _____ Date ____/____/2018 Owner/Agent _____ Date ____/____/2020

Owner/Agent _____ Date ____/____/2019 Owner/Agent _____ Date ____/____/2021

2nd Pet's Name _____
Breed _____
Color _____
Sex: Male Female
Spay/Neuter Yes No
Age _____ Food _____

CAUTIONS
 May Bite use Caution
 Mole/Warts
 Sensitive Skin Feet Ears
 Clipper Rash
 Medical _____

REQUESTS (Additional Charges)
 Brush Teeth
 Blue Berry Facial
 Nail Caps
 Nail Polish
 Warm Soaking Bubble Bath
 Relaxing Hand Massage
 Conditioner
 Hot Joba Joba Oil
 Medic/Specialty Shampoo
 30 Day Tick/Flea
 5 Month Tick Collar

3rd Pet's Name _____
Breed _____
Color _____
Sex: Male Female
Spay/Neuter Yes No
Age _____ Food _____

CAUTIONS
 May Bite use Caution
 Mole/Warts
 Sensitive Skin Feet Ears
 Clipper Rash
 Medical _____

REQUESTS (Additional Charges)
 Brush Teeth
 Blue Berry Facial
 Nail Caps
 Nail Polish
 Warm Soaking Bubble Bath
 Relaxing Hand Massage
 Conditioner
 Hot Joba Joba Oil
 Medic/Specialty Shampoo
 30 Day Tick/Flea
 5 Month Tick Collar