



Pick Up / Drop Off Instruction Form

Pick Up Date _____
Requested Time: _____

Drop Off Date _____
Requested Time: _____

Owner _____

Dog(s) Name _____

Address _____

Home Phone _____
Alt Phone _____

Will owner be at pick up location? YES NO

Directions to address above:

Notes: (where to leave/PU dog, leash, beds, toys, fill water, etc)

Owner will PU on _____ at _____ am/pm & would like the following grooming: _____

If delivering, please:

Charge Credit Card on File

Mail invoice

Leave invoice at _____

OFFICE - Invoicing and Scheduling

Contract/Directions/Invoice given to employee (circle app.) for PU/delivery?

Employee scheduled to pick up/drop off (add this note to dog(s)'s appt. in computer): _____

Copy to Courtney. Copy for Reception/Client File..