

# Pet Business & Service Evaluation Form - Groomer

Business Name:	
Contact Name: ( & Position in Company)	
Address:	Phone #:
Email Address:	
Days / hours of operation:	
When is payment for services due? Are payment options available? Do fees fit your budget, and are discounts for senior citizens or multi-pet households available?	
Is location and parking convenient?	
Is the facility clean, comfortable and well-organized?	
Are appointments required?	
Does the business have letters of recommendation from current/previous clients? (provide copy)	

Does the staff appear knowledgeable and caring?
Does the staff handle pets gently?
Are cages the appropriate size? (Do the animals have enough room to stand and turn around comfortably?)
Are dogs and cats caged in separate areas?
Are pets monitored regularly to prevent overheating during blow-drying?
Does the groomer keep complete pet records (including grooming, medical, vaccination, and emergency contact information)?
Are there pictures of previous clients/pets before & after?

\_\_\_\_\_

Evaluation completed by (print name)

\_\_\_\_\_

Title (job title pertaining to AACOC)

Overall Impression (1 being poor, 5 being excellent)

\_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5