

Cat Grooming Report Card

Post-Groom Summary for Owner and Veterinary Reference

Session Information

Cat's Name: _____ Date: _____
Owner Name: _____ Groomer: _____
Breed: _____ Age: _____ Weight: _____ Session Length: _____ min

Services Performed (check all completed)

Bath Blow Dry Full Brush/Comb-Out Deshedding Lion Cut Belly Shave Sanitary Trim Partial Clip
 Nail Trim Nail File Nail Caps Applied Ear Cleaning Eye Area Clean Teeth Wipe Flea Bath Medicated Bath
 Mat Removal Conditioning Other: _____

Coat and Skin Condition

Area	Condition	Notes
Overall coat	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Matting level	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Skin condition	<input type="checkbox"/> Healthy <input type="checkbox"/> Dry/Flaky <input type="checkbox"/> Irritated <input type="checkbox"/> Wounds	
Ears	<input type="checkbox"/> Clean <input type="checkbox"/> Wax buildup <input type="checkbox"/> Odor <input type="checkbox"/> Redness	
Nails	<input type="checkbox"/> Normal <input type="checkbox"/> Overgrown <input type="checkbox"/> Thickened <input type="checkbox"/> Ingrown	
Eyes	<input type="checkbox"/> Clear <input type="checkbox"/> Discharge <input type="checkbox"/> Tear staining	
Teeth/gums	<input type="checkbox"/> Normal <input type="checkbox"/> Tartar <input type="checkbox"/> Redness <input type="checkbox"/> Odor	
Weight/body	<input type="checkbox"/> Normal <input type="checkbox"/> Underweight <input type="checkbox"/> Overweight	

Behavior During Session

Overall temperament Calm/Cooperative Nervous Resistant Aggressive
Handling tolerance Excellent Good Fair Poor (see notes)
Stress level Low Moderate High Session stopped
Breaks needed None 1-2 3+ Session split across visits

Health Observations and Concerns

No concerns noted during this session
 New lump/bump found — Location: _____
 Skin irritation/wound noted — Location: _____
 Ear concern — Details: _____
 Dental concern — Details: _____
 Weight/body condition change noted
 Behavioral change from previous visit — Details: _____
 Other: _____

Vet Follow-Up Recommended? No Yes, non-urgent Yes, within 1 week Yes, ASAP

Groomer Recommendations

Next Appointment Recommended In: _____ weeks

Recommended Services Next Visit: _____

At-Home Care Notes:

Services Not Completed (if any)

All requested services completed

Session stopped early — Reason: _____

Service modified — Details: _____

Groomer Signature: _____ Date: _____

Owner Acknowledgment: _____ Date: _____

Copy 1: Owner | Copy 2: Groomer File | Copy 3: Veterinarian (if applicable)

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