

# ASSESSMENT SHEET

Pet's Name:	Session #:	Date:
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**CLIENT ASSESSMENT and COMMENTS:**

**GROOMER ASSESSMENT and COMMENTS:**

**PRODUCTS / RECIPE** (Select steps and product with quantity recommended)

DETOX <input type="checkbox"/> QTY	CLEANSE <input type="checkbox"/> QTY	HYDRATE <input type="checkbox"/> QTY	FINISH <input type="checkbox"/> QTY	DAILY <input type="checkbox"/> QTY
<b>10-15 min</b>	<b>Sit 5 min</b>	<b>Sit 5-10min</b>		
Purifying Mask _____	Lemon SHP _____	Lemon COND _____	Triple Oil _____	Triple Oil _____
Atami Red Clay _____	Banana SHP _____	Banana COND _____	Mineral Mist _____	Mineral Mist _____
Purifying SHP _____	Green Apple _____	Green Apple _____	Ginkgo Oil _____	Ginkgo Oil _____
Other CLOSE: _____	Black Passion _____	Black Passion _____	K101 _____	SIL Plus _____
	Caviar SHP _____	Caviar COND _____	Ozonized Olive Oil _____	SL Serum _____
K101 _____	Mineral Red Complex _____	Mineral Red Plus _____	SL Serum _____	SOS Derma _____
Ginkgo Oil _____	Mineral Plus Crème _____	pH Balance _____	SK Serum _____	PEK Spray _____
Ozonized Olive Oil _____	Zolfo _____	Orange PEK _____	SOS Derma _____	Other: _____
Other Supplement: _____	Mineral H _____	Other: _____	H270 _____	
	Other: _____	K101 _____	PEK Spray _____	
Add Water _____	SIL Plus _____	Ginkgo Oil _____	Luminance _____	
	Add Water _____	Ozonized Olive Oil _____	Caviar 10 in 1 _____	
		Other Supplement: _____	Caviar Nutritive _____	
	<b>OZONE</b> <input type="checkbox"/>	Add Water _____	SIL Plus _____	
			Other: _____	

**NEXT VISIT:**