

Pet New Client Form

Page No. _____

Owner Information

First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Mobile Phone:		Home Phone:	Work Phone:
Email Address:			
Secondary Owner Name:		Phone:	Email:
How did you hear about us?			
<input type="checkbox"/> Google/Internet <input type="checkbox"/> Yellow pages <input type="checkbox"/> Other: _____ <input type="checkbox"/> Friend (Provide their name and they'll receive \$10 off!)			

Emergency Contact

(someone we can release the dog to in the event you cannot pick up your pet)

Name:	Phone:	Email:
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Veterinarian Information

Business Name:	Veterinarian Name:	Phone Number:
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Pet Information

Pet Name:	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Birth Date:	Color/Markings:	

Health & Grooming History

(leave blank if Unknown – use Other Information section to explain health conditions if Yes)

	Yes (explain below)	No		Yes (explain below)	No		Yes (explain below)	No
Blind:			Deaf:			Heart Condition:		
Diabetic:			Epileptic:			Musculoskeletal Issues:		
Allergies:			Sensitive Skin:			Warts/Moles/Skin Tags:		
Biter:			Shy/Nervous:			Comfortable in a Crate:		
Barker:			Hyper:			Aggressive: <input type="checkbox"/> Cages <input type="checkbox"/> People		
						<input type="checkbox"/> Other: _____ <input type="checkbox"/> Animals		

Sensitive Areas: _____

Professionally groomed before? (circle one) YES NO

Scared of hair dryer? (circle one) YES NO

May we give your dog treats? (circle one) YES NO

Shampoo preference? (circle one)

Deodorizing

Oatmeal

Hypoallergenic

Fun Scented

Other Information

(use this space to explain health/behavior conditions)

Client Signature: _____

Date: _____

Grooming Consent & Release Form

Owner's name: _____

Pet's name: _____

Phone number: _____

Breed: _____

Address: _____

Gender: _____ Age: _____

City: _____ State: _____

Weight: _____ Color: _____

Zip code: _____

Does your pet have any special needs or health problems? Y N

Veterinarian's name: _____

If yes, please explain: _____

Vet's Phone number: _____

Is your pet currently taking any medications? Y N

Grooming instructions: _____

If yes, please list: _____

___ I confirm my pet is healthy, up to date on vaccinations, de-wormed and de-fleaed.

___ I will not hold the groomer responsible or liable in the event grooming reveals a pre-existing condition, which may need to be treated before grooming can commence.

___ I understand the groomer will do their best to follow my requests and/or instructions, but in certain situations more or less may need to be cut than was requested, e.g. because of matting or knots.

___ In some instances of significant matting, especially where it is interfering with the pet's comfort and/or making it difficult to groom without injuring the pet, we may determine that shaving is the only safe option for the pet. In this case, we would call to get your permission before any shaving is done.

___ I understand if fleas are found on my pet, the groomer will need to give them a flea bath at my expense.

___ I understand a muzzle may be used if necessary. Muzzling protects both the pet and groomer and can often calm stressed animals.

___ I understand having my pet groomed carries some risk. Although the utmost care is taken to prevent injury, grooming instruments can be sharp and accidents can occur such as nicks, cuts, scratches, piercing, etc. We will inform you of any incident, no matter how small, and if necessary we will transport your pet to their vet for further care. I understand veterinary bills caused by serious matting, pre-existing conditions, aggressive or difficult temperament, or from the pet being elderly, are my responsibility.

With my signature below, I confirm that I have read fully and understand the information in this consent form and all details included. By signing below, I agree to accept all and full responsibility for any risks, injuries, damages, or accidents which may impact my pet. I will not hold my groomer (name recorded below) responsible for any conditions present, but not disclosed at the time of grooming, that may affect grooming.

Printed Client's Name

Signature

Date

Groomer's Name

Signature

Date