



professional grooming • doggy daycare/pet care • retail **join the club.**

CLIENT INFORMATION:

FIRST/LAST NAME: _____
SPOUSE/PARTNER NAME: _____
STREET ADDRESS: _____
CITY: _____ ZIP: _____
HOME PHONE: _____ WORK: _____ CELL: _____
EMAIL: _____
HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

OTHERS AUTHORIZED TO PICK UP DOG: _____

NAME OF DOG #1: _____

BREED: _____ GENDER: FEMALE MALE COLOR: _____ AGE: _____

NAME OF DOG #2: _____

BREED: _____ GENDER: FEMALE MALE COLOR: _____ AGE: _____

NAME OF DOG #3: _____

BREED: _____ GENDER: FEMALE MALE COLOR: _____ AGE: _____

TEMPERAMENT TEST DATE : _____ PERSONALITY TRAITS: _____

MEDICAL INFO:

DIABETIC DEAF BLIND EPILEPTIC HEART CONDITION

HIP DISPLASIA OTHER/RESTRICTIONS: _____

ALLERGIES? YES NO

MEDICATION NEEDED: YES NO

DETAILS: _____

VETERINARIAN INFORMATION:

CLINIC NAME: _____

CITY: _____ ZIP: _____

PHONE: _____ CELL: _____

PLEASE VERIFY DATES FOR FOLLOWING:

RABIES: _____ BORDATELLA: _____ DISTEMPER/PARVO: _____

SPAYED/NEUTERED: YES NO IF NO, WHEN IS IT SCHEDULED? _____

SIGNATURE

DATE