

Grooming Registration Form

Date: ____/____/____.

Owner's Name: _____.

Phone: _____, May I text you? Yes No

Address: _____.

_____.

Email: _____.

Other Contact: (name, number): _____.

_____.

How did you find me? _____.

About your Pet

Pet's Name: _____ Age: _____ Weight: _____.

Species: Dog Cat Breed/Color: _____.

Sex: Male Female (Circle one) Spayed/Neutered/Intact

Vet's Name: _____ Phone: _____.

Physiological conditions: (Circle all that apply)

skin allergies skin problems warts moles sores injuries sensitivity matting

Please describe: _____.

_____.

Medical Conditions: (Circle all that apply)

deaf blind heart diabetic arthritis seizure allergies contagions other

Please describe: _____.

_____.

Does your pet need a medicated shampoo? Yes No

If yes, what type? _____.

Can you provide the shampoo? Yes No

Has your pet been to a professional groomer before? Yes No

If professionally groomed before, how was his/her experience?

very good good shy stressed may bite

More Details: _____.

_____.

Has your pet ever bitten anyone (including owners) or any other pets before?

If yes, please describe: _____.

_____.

Can he/she have a treat while here? Yes No

May I have permission to take a photo of your pet? Yes No

May I use those photos on my website and business social media pages? Yes No

(No personal information will be used.)

Groomer's notes: