

Grooming Agreement

NEW CLIENT INTAKE FORM

PET PARENT INFORMATION

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____






Email: _____ Referred by: _____

PET INFORMATION

Pet's Name: _____ Age: _____

Breed: _____ Gender:  Male  Female

Markings: _____



Groom Frequency:  weekly  4 weeks  6 weeks  8 weeks  10 weeks

People Friendly  Everyone!  NO Women  NO Men  Children

Animal Friendly  NO big dogs  NO small dogs  NO cats  Yes, Everyone!



Cage Friendly  YES  NO

Vet Hospital: _____

Spayed/Neutered:  Yes  No

Vet Phone: _____

Injuries: _____

Vaccination:  Vet excused  Too young

Illnesses: _____

Flea/wormer:  Yes  No

Skin issues/allergies: _____

Temperament: _____

Additional Notes: _____

Emergency Contact:

Name: _____

Home Phone: _____

Cell Phone: _____