



Grooming Agreement

Client Intake Form

Pet Parent Information

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City and State: _____ Referred by: _____
Email: _____

Pet Information

Pet's Name: _____ Age: _____
Breed: _____
Markings: _____ Gender: ☐ Male ☐ Female
Groom Frequency: ☐ weekly ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ 10 Weeks
People Friendly: ☐ Everyone ☐ NO women ☐ No Men ☐ No Children
Animal Friendly: ☐ No big dogs ☐ No small dogs ☐ No cats ☐ Yes, everyone
Cage Friendly: ☐ Yes ☐ No

Veterinary Contact

Veterinarian: _____ Spayed/Neutered: ☐ Yes
Veterinarian Phone: _____ ☐ No
Vaccination: ☐ Vet excused ☐ Too young
DHP/DHLP: ____/____/____ Bordetella: ____/____/____



Cats Only

Feline Distemper

Date: ____/____/____

Current Vaccine Record

Rabies Exp: ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____
____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____ ____/____/____

Emergency Contact

Name: _____
Home Phone: _____
Cell Phone: _____