

Classy Kuts Dog Salon

New Client Form

(Please Print Clearly)

Client Information		
First Name:		Last Name:
Street Address:	Are you a full time resident of Florida: Please Circle one Yes No	
Apartment/Unit #:	If not, what months do you reside here? _____	
City:	Spouse's Name:	
State:	Phone Number:	
ZIP:		
Cell Phone:	Other Phone:	Do you want to receive text reminders? Yes NO
E-mail Address:		

Pet's Information	May Classy Kuts use photos of your dog for Social Media purposes? Yes No	
Pet's Name:	Breed:	Age:
2nd Pet's Name:	Breed:	Age:
Your Pet's Veterinarian:		
Health Concerns?		

In the best interest of your pet, Classy Kuts Inc. requests your permission to obtain immediate medical veterinarian treatment should it become necessary.

Signature: _____ Date: _____