



Clean Dog Green Dog

Getting to Know You and Your Pet

Name: _____

Street Address: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Which is primary number? (Circle) HOME WORK CELL

Email: _____

SMS text number: _____

How did you hear about us? _____ Referred By: _____

Can we send promotions, coupons and pictures to your email? (Circle) Yes or No

How would you like to be reminded of future appointments? (Circle one or more)

PHONE EMAIL TEXT

My pet's name is _____ and is a (breed) _____

and weighs _____ and is a Boy Girl Spayed/Neutered Yes/No

My pet's birthdate: _____ and is _____ Years old

My pet has (circle all that apply)

Allergies Warts/Growths Bad Eyesight Hearing Loss Hot Spots

Problems with Hips Elbows Legs Back

or **Other Problems** (Bites their Paws, Scratches Ears, Tear Stains, etc.)

or has a **Medical Condition** I'd like you to be aware of

My Veterinarian is _____

Phone _____

Rabies vaccination expires on _____
(A copy of the most recent rabies certificate is required by law)

My pet has a flea/tick protocol at home (circle or detail) Frontline Advantage Other _____

Please describe your dog's temperament:

Aggressive towards People:	Always	Sometimes	Never
Aggressive towards Dogs:	Always	Sometimes	Never
Shy:	Always	Sometimes	Never
Nervous:	Always	Sometimes	Never
Energetic:	Always	Sometimes	Never

Please tell us about your pet's past grooming experience:

Does your pet like the groomer?	Yes	No
Is he or she accustomed to going to the groomer?	Yes	No
Does he or she get brushed at home?	Yes	No
Does he or she get bathed at home?	Yes	No
Does your dog mind having their feet touched?	Yes	No
Does your dog mind having their teeth cleaned?	Yes	No
Can your dog have TREATS (organic)?	Yes	No

Other "issues" with grooming in the past please detail:

My pet has had a reaction to grooming products in the past Yes No

My pet was adopted Yes No **My pet was groomed** _____ **weeks ago**