

SHAMPOOCH MOBILE DOG GROOMING  
NEW CLIENT FORM

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Our primary form of communication is text message – do you text?      YES      NO

Significant Other/Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Veterinarian: \_\_\_\_\_ Town: \_\_\_\_\_

Veterinarian Phone: \_\_\_\_\_

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Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Circle One: MALE    FEMALE    Circle One: NEUTERED    SPAYED

What date does this pet's rabies vaccination EXPIRE? \_\_\_\_\_

Can this pet have treats?    YES    NO

Can this pet have cologne and an accessory (bandana/bowtie/etc.)?    YES    NO

BEHAVIORAL ISSUES/HEALTH ISSUES/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL STYLING INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Circle One: MALE FEMALE Circle One: NEUTERED SPAYED

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BEHAVIORAL ISSUES/HEALTH ISSUES/ALLERGIES: \_\_\_\_\_

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SPECIAL STYLING INSTRUCTIONS: \_\_\_\_\_

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SPECIAL STYLING INSTRUCTIONS: \_\_\_\_\_

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