

SHORT BARK^N SIDES

Pet grooming



OWNERS DETAILS



FULL NAME:

ADDRESS:

P/CODE

PHONE NUMBER: MOBILE:

EMAIL ADDRESS:



PET'S DETAILS



PET'S NAME: PET'S NAME:

BREED: BREED:

M / F DESEXED: Y / N M / F DESEXED: Y / N

DOB OR APPROX AGE DOB OR APPROX AGE

REGULAR VET CLINIC

DOES YOUR PET/S HAVE ANY MEDICAL CONDITIONS?

ALLERGIES ARTHRITIC BLIND DEAF AGGRESSIVE

EAR CONDITION EPILEPTIC INCONTINENT HEART CONDITION

WARTS/MOLES DIABETIC OTHER

HOW DID YOU HEAR ABOUT US? REFERRED BY:

FACEBOOK INSTAGRAM DRIVE-BY LETTERBOX DROP

- I understand that 24 hours notice is required if I'm unable to keep my scheduled appointment, otherwise cancellation fees may apply.*
- I understand that payment is required upon collection of my pet/s. We accept cash or credit card.*
- All card payments incur a 0.99% surcharge.*
- I understand that if my pet/s is presented with excessive matting and or is aggressive this will incur an additional charge.*
- I give permission for my pet/s photograph to be use on Short Bark n Sides social media pages.*
- In case of an emergency, I authorise Short Bark N Sides to provide the necessary treatment for my pet/s.*

I, _____ (Client's Name), have read and understood the terms and conditions

of this form. SIGNATURE DATE