

Pawfect Dog Grooming
Grooming Client Registration Form

<For Grooming Clients>

Date: ____/____/____

Owner's Name (last): _____ (first): _____

Phone (Home): _____ (Cell): _____

(additional): _____ (additional): _____

E-mail: _____ Can we text you? Yes No

How did you find us?: _____ Referred by: _____

Mailing Address: _____

Physical Address: _____

About Your Pet

Pet's Name: _____ **Age:** _____ **Weight:** _____

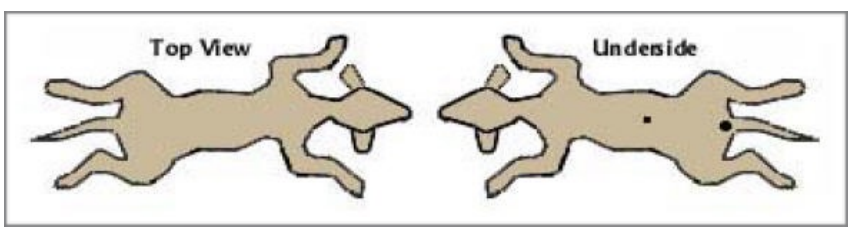
Breed: _____ **Sex:** M F Spayed/Neutered

Is your dog current on all vaccinations? Yes No

Is your dog on a monthly flea preventative? Yes No If Yes, what type? _____

Vet's Name: _____ **Tel No:** _____

Physiology (circle): allergies, skin problems, warts, moles, sores, injuries, clipper burn sensitivity, arthritis, etc.



Medical Conditions: Deaf Blind Heart Diabetic Arthritis Seizure Food Allergy Hot Spots

Other or Detail: _____

Skin Condition: Normal (doesn't need a medicated shampoo) Very sensitive (need a medicated shampoo)

Has your dog been to a professional groomer before? Yes No

If groomed before, how was his/her experience? Very Good Good Shy Stressed May Bite

More Details _____

Has your dog ever bitten anyone (including owners) or any other dogs before? Yes No

Can he/she have a treat while here? Yes No

May I have permission to use your dog's photos on my website? Yes No

Requests and concerns: _____

Additional Pet Information

Additional Pet's Name: _____ **Age:** _____ **Weight:** _____

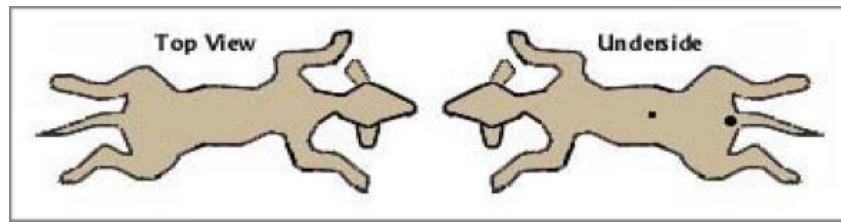
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