

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:** _____

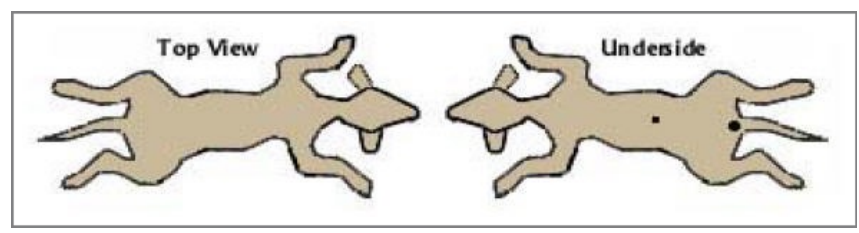
Breed: _____ **Sex:** M F Spayed/Neutered

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: _____

Pawfect Dog Grooming Salon Policies and Release Form

- 1) It is the pet owner's legal responsibility to inform groomer if the pet has ever bitten anyone, including other groomers. I understand that I could be held liable for any injuries resulting from the failure to disclose this information.
- 2) I understand Pawfect Dog Grooming Salon will do their utmost to protect the health and safety of my pet while on these premises. I acknowledge that accidents, however, can and do happen and I hereby absolve Pawfect Dog Grooming Salon, its groomers and staff from any and all responsibility involving injury, escape, damage or disease during and after their grooming time at Pawfect Dog Grooming Salon.
- 3) I grant my permission for Pawfect Dog Grooming Salon to obtain emergency veterinary treatment for my pet at my expense should it become necessary.
- 4) I understand that senior pets may have underlying conditions that can be aggravated during or after normal grooming procedures.
- 5) Should my pet require a complete clip down, I understand there is always a slight risk of minor nicks when stripping a heavily matted coat. This is due to unseen warts, moles or skin that can be pulled up into mats. I further understand that when there is heavy matting, moisture can be trapped near the skin allowing molds, fungus or bacteria to flourish, resulting in a variety of skin irritations and conditions.
- 6) I understand that Pawfect Dog Grooming Salon is operated by appointment only, therefore cancellations require at least 24 hours notice. Cancellations within 24 hours and No Shows are subject to \$50 fee per dog.
- 7) Returned Checks are subject to \$25 fee.

I have read and fully understand the above policies and agree to pay the fees that are required above.

Signed _____ Date _____
(Owner)

Additional Pet Information

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

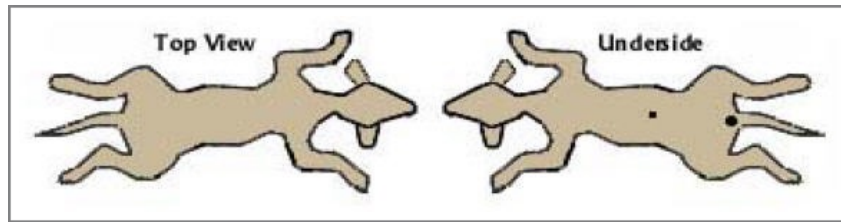
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