



NEW CUSTOMER INFORMATION FORM

OWNERS INFORMATION:

Full name: _____

Full name: _____/

Cellphone Number: _____ Primary: **Yes or No** Text: **Yes or No**

Cellphone Number: _____ Primary: **Yes or No** Text: **Yes or No**

Home number: _____ Primary: **Yes or No**

Work Number: _____ Extension: _____

E-mail address: _____

E-mail address: _____

VETERINARIAN INFORMATION:

Primary Veterinary Clinic's name: _____

Veterinary Doctor: _____

Preferred Veterinary Clinic's phone number: _____

We may have to call your Veterinary doctor in case we have questions about your pet(s)'s vaccination records, history, or if any accidents were to happen during the grooming session. Do you agree? **Yes or No**

Remember all pets must be vaccinated in order to come into our spa. Updated vaccination records are required from all new customers. Titers are accepted if they're not over 12 months old.

PLEASE FILL ONE PET'S INFORMATION SECTION PER PET YOU OWN. SCROLL DOWN FOR ADDITIONAL PETS.

PET(S)'S INFORMATION:

Name: _____ Breed(s): _____

Birthday and/or age: _____ Weight: _____

Does your pet have its vaccinations up to date? **Yes or No**

*Please bring updated shot records to appointment.

Does your pet have any health issues? **Yes or No**

If yes, what health issues does your pet have? _____

Is your pet currently taking any medications and/or supplements? **Yes or No**

If yes, please list the medications and/or supplements:

Please list any special attention or any type of special needs:

Any history of misbehavior and/or aggression (in General):

Any history of misbehavior and/or aggression at the groomer's and/or vet's:

Anything you would like us to know about your pet?:

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