



CLIENT / PET PROFILE

(OFFICE USE ONLY)

THE GROOMING LAB
REVIEWED

Rabies Vaccine Expiry Date. _____

REVIEWED BY: _____

Pet Parent Name. _____

Primary Phone. _____ Email. _____

Street Address. _____

City. _____ Province. _____ Postal Code. _____

Alternate Contact Name. _____ Phone. _____

ALL ABOUT YOUR PET

Pet's Name _____ Breed _____

Pet's Birthday _____ Age _____ Sex _____ Weight _____ Spayed/Neutered _____
(Y/M/D)

Any Medical Problems / Allergies (if yes, explain) _____

Veterinarian/Animal Hospital _____ Phone _____

Can your dog have treats while in my care? Yes No

Can your dog go into a kennel if needed? Yes No

(kennels are necessary for dogs who don't like the powerful dryer. We can put a kennel dryer on them making them less stressed and still able to dry)

Is your dog okay with other dogs? Yes No

How did you hear about THE GROOMING LAB? _____

Signature. _____ Date _____