



NEW CLIENT FORM

OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Is this a: Home Cell Work Other

Alternate Phone: _____

Is this a: Home Cell Work Other

Email: _____

Preferred Contact: Call Text Email

How did you hear about us? Referral Drive-By Online

Other: _____

Date: _____

PET INFORMATION

Pet Name: _____ Breed: _____ Weight: _____

Age: _____ DOB: _____ Sex: Male Female Are they neutered/spayed? Y N

Veterinarian: _____ Vet Phone: _____

Are they on flea treatment of any kind? Y N Last Grooming Date: _____

If so, what kind? _____ Any Problems? _____

Date of Last Vaccination: Rabies: _____ DHPP: _____ Bordatella: _____

Health Issues: _____

Grooming Concerns: _____

Quips or Quirks: _____

PET INFORMATION

Pet Name: _____ Breed: _____ Weight: _____

Age: _____ DOB: _____ Sex: Male Female Are they neutered/spayed? Y N

Veterinarian: _____ Vet Phone: _____

Are they on flea treatment of any kind? Y N Last Grooming Date: _____

If so, what kind? _____ Any Problems? _____

Date of Last Vaccination: Rabies: _____ DHPP: _____ Bordatella: _____

Health Issues: _____

Grooming Concerns: _____

Quips or Quirks: _____

GROOMING POLICIES AND RELEASE FORM ON NEXT PAGE MUST BE SIGNED

THANK YOU FOR YOUR BUSINESS!



POOCHPAWLOR20@GMAIL.COM



(210) - 858 - 9575

GROOMING POLICIES AND RELEASE BETWEEN PET OWNER AND THE POOCH PAWLOR

PETS ARE ACCEPTED FOR GROOMING WITH THE FOLLOWING CONDITIONS BEING MET AND ACCEPTED BY OWNER OR RESPONSIBLE PARTY.

1. Owner presents a pet that is healthy enough to be groomed. Grooming may expose pre-existing health and skin problems for which The Pooch Pawlor cannot be held liable for. Grooming on an elderly pet or pet with health problems is at the owner's risk.
2. Owner agrees to pay for all grooming services deemed necessary by The Pooch Pawlor for the best interest and well-being of the pet.
3. If fleas are present, a flea bath soak will be given at the owner's expense.
4. Owner understands that all quoted grooming prices are estimates and may be increased/decreased based on coat condition, skin conditions, special handling needs, demeanor of the pet, and by all other additional services requested or deemed necessary or other special requests made by the owner.
5. Owner understands that de-matting, shaving, clipping, stripping, and carding may cause hair loss, patchiness, skin irritations, sores, or cuts and may expose pre-existing skin conditions.
6. Owner understands that all of the following vaccinations are required and must be up to date for grooming services for their pet: rabies, distemper, and bordatella. Owner must provide a printout, issued by the pet's veterinarian, of current vaccinations at the time of grooming appointment or before hand.
7. Owner understands that pet's nails will be clipped, thus with the possibility of exposing the quick, which may or may not bleed at the time of grooming but therefore may afterwards. In the event nails bleed after grooming appointment, brown sugar or corn starch can be applied to stop bleeding if septic powder is not available.
8. The Pooch Pawlor will exercise all due responsible care to prevent injury or illness to owner's pet.. However, in the event of illness, injury, or death, the owner and said responsible party will not personally hold liable the owners, Fred and Kim AmRhein, of The Pooch Pawlor, for such instances.
9. Owner authorizes The Pooch Pawlor to seek emergency veterinarian care while pet is in their care, at owner's expense, if deemed necessary for the health and well-being of the pet.
10. Owner is responsible for all property damage or injury to a person caused by their pet while under the care of The Pooch Pawlor.
11. Owner understands that due to policies and insurance regulations, no one is allowed in the grooming area while a pet is being serviced.
12. Cancellation Policy: A 24-hour notice is required to cancel or reschedule a grooming appointment, otherwise a \$25 fee will be charged to the credit card on file or applied to your pet's next grooming appointment.

I UNDERSTAND THAT BY CHECKING THIS BOX AND WRITING/TYPING MY NAME BELOW CONSTITUTES A LEGAL SIGNATURE CONFIRMING THAT I ACKNOWLEDGE AND AGREE TO THE ABOVE POLICIES.

Owner Signature: _____ Date: _____

If filling out digitally, please type your first and last name.