



Date: _____

NEW PET INTAKE FORM

OWNER INFORMATION

First Name: _____

Last Name: _____

Address: _____

City, Zip: _____

Phone: _____

Email: _____

PET INFORMATION

Kind of Pet: _____

Name: _____

Sex: _____

DOB/Age: _____

Weight: _____

Breed: _____

Coat Condition: _____

Temperament: _____

Ever been groomed before? _____

Why did you leave your last groomer? _____

How did you hear about me? _____

VETERINARY INFORMATION

Vet Clinic: _____

Clinic phone number: _____

Vet's Name: _____

Rabies vaccination good through: _____

Health Conditions: _____