

Client Consent Form

The Divine Canine



Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge

Client Contact information

Clients full name

Address

Mobile number

Email address

Work Number

Emergency Contact Information

Emergency contact name

Relationship to owner

Mobile number

Work Number

Email address

Vet information

Vet name

Vet address

Phone number

Opening hours

Email address

Dogs Information

Dogs name	Dogs age	
Breed	Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated
Up to Date with flea and tick treatments		Y <input type="radio"/> N <input type="radio"/>
Is your dog insured?	Y <input type="radio"/> N <input type="radio"/>	
Dog tag on collar	Y <input type="radio"/> N <input type="radio"/>	Crate used
Micro chipped	Y <input type="radio"/> N <input type="radio"/>	Insurer
Treats allowed	Y <input type="radio"/> N <input type="radio"/>	
Allergies/intolerances	Y <input type="radio"/> N <input type="radio"/>	More information:
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:

Health notes and current medication

Basic health check: (please circle) Signs of any discharge / Odour / Stains / Sores / Cuts / Abrasions / Fleas / Worms / Plaque: Eyes Ears Genital Areas Mouth Teeth Body Paws Pads

Does your dog have any Skin Conditions Y N Please explain:

Please tell us about your dogs temperament

Has your dog ever shown signs of aggression towards a person? (growls, lunges, snaps, bites)

Y N Please explain

Dogs Information continued...

Any limited or impaired sensory functions? Y N

Distinguishing features:

Dog grooming & styling

Please indicate your preferences below, for eg: short, long or anything you wish us to know

Face	Body	Ears	Legs	Tail
Comments:	Comments:	Comments:	Comments:	Comments:

Is there anything you specific you would like from your dogs groom

When being groomed my dog...

Likes:

Dislikes:

Cost

Deposit paid Y <input type="radio"/> N <input type="radio"/>	Groom cost	Additional costs	Total
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Customer advised of additional costs Y N

Reasons

Declaration: By signing this form I confirm that as the owner (or with the full permission of the owner) I hereby give permission to The Divine Canine to proceed with the above-agreed grooming requirements. If any additional grooming is absolutely necessary we will try to contact you for permission. If this is unsuccessful I hereby authorize The Divine Canine to proceed as necessary and I (or the owner if I am acting on their behalf) will be liable for any resulting additional costs such as any extra dematting / behavior / flea charges. If any unforeseen circumstances arise resulting in your dog needing emergency veterinarian care I hereby authorise The Divine Canine to proceed as necessary. I understand and agree to reimburse any vet charges. I have read and agree to the terms and conditions outlined in this form and I can confirm that I have raised any concerns that I (or the owner) may have regarding the dog in my authority with The Divine Canine.

Client consent

Client name

Date

Client signature

Groomer name

Date

Groomer signature

Extra information
