

Pet Grooming

Owner Details

Name : _____

Best Contact Number : _____

Secondary Contact Number : _____

Email : _____

Pet Details

Name : _____

Breed : _____

Date of Birth : _____

Weight : _____

Colour / Markings :

Veterinary Information

Vet Name : _____

Vet Contact : _____

Permission to contact incase of an emergency : Yes / No

Vaccinated up to date : Yes / No

Sex : Male / Female

De-Sexed : Yes / No

Any Medical / Behavioral Concerns :

Grooming

Does your pet require medicated shampoo for skin issues?

What sort of grooming are you after? (Wash & Blowdry, Full Groom, De-shed, De-mat, etc)

Does your pet have mats? Yes or No

Are you wanting to book regularly? If Yes, how often?

Do you give permission for Joselyn's Pet Services to take photos of your pet and upload to social media in the name of the business? If yes please fill out the next line.

I _____ give permission for Joselyn's Pet Services to take photos of my pet _____ and upload to social media in the name of the business.

Owner Name : _____

Signature : _____

Date : _____