

# New Client Application

All About Animals

## Name

First Name      Last Name

## Phone Number

Please enter a valid phone number.

## Email

example@example.com

## Would you like to receive appointment reminders?

- Yes, by text
- Yes, by email
- No

## Pet Information:

### Pet Name:

### Type:

- Dog
- Cat
- Small Animal

### Breed:

**Age or Date of Birth:**

**Breeding Status:**

- Spayed/Neutered
- Unaltered

**Additional Information:**

Please note that these questions are only to help our staff get to know your pet so we can give your pet the best experience possible.

**Has your pet been groomed before?**

- Yes
- No

**Does your pet have any areas of their body they do not like being touched?**

- Yes
- No

**Does your pet have any phobias?**

- Yes
- No

**Does your pet have a history of aggression?**

- Yes
- No

**Does your pet have any allergies?**

- Yes
- No

**Does your pet have any medical/health conditions?**

- Yes
- No

**Do you plan to administer any medications (including sedatives, pain medication or other mood/awareness altering medications)?**

- Yes

**Are you planning to get your pet groomed every 12 weeks or less?**

Yes

No

**Has your pet had a rabies vaccine in the past 10 years?**

Yes

No