



Grooming Agreement

NEW CLIENT INTAKE FORM

PET PARENT INFORMATION

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City/State: _____

Email: _____ Referred by: _____



Cat



Dog

PET INFORMATION

Pet's Name: _____ Age: _____

Breed: _____ Gender: Male Female

Markings: _____

Groom Frequency: weekly 4 weeks 6 weeks 8 weeks 10 weeks

People Friendly Everyone! NO Women NO Men Children

Animal Friendly NO big dogs NO small dogs NO cats Yes, Everyone!

Cage Friendly YES NO

Vet Hospital: _____ Spayed/Neutered: Yes

Vet Phone: _____ No

Vaccination: Vet excused Too young

DHP/DHLP: ___/___/___ Bordetella: ___/___/___



Cats Only

Feline Distemper:

Date: ___/___/___

Current Vaccination Record

Rabies

Exp:

___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
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Emergency Contact:

Name: _____

Home Phone: _____

Cell Phone: _____