



Client Information

Welcome

Client Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Cell Phone: () _____ - _____

Email Address: _____ Emergency Contact Name: _____

Emergency Contact Phone: () _____ - _____ Cell Phone: () _____ - _____


Above emergency contact person authorized to pick-up pet? Yes No

Vet Name _____ Phone: () _____ - _____

How did you hear about us? _____



Pet Information

 Pet's Name: _____ Is your pet current on its Shots? Yes No Sex: M F

Birth date: _____ / _____ / _____ Breed: _____ Weight: _____ lbs. Color: _____

 Pet's Name: _____ Is your pet current on its Shots? Yes No Sex: M F

Birth date: _____ / _____ / _____ Breed: _____ Weight: _____ lbs. Color: _____

Additional behavioral information: _____



Authorization

I hereby authorize Hair Off the Dog Grooming Salon and Spa to groom the above described pet. If the pet becomes ill or if the state of the pet's health otherwise requires professional attention, Hair Off the Dog Grooming Salon and Spa, in its sole discretion, may engage the services of a veterinarian or administer medicine or give other requisite attention to the pet, and the expenses thereof shall be paid by Owner. ALL FEES DUE AT THE TIME SERVICES ARE RENDERED.

Pet Name: _____ Print Owner Name: _____

Signature: _____ Date: _____ / _____ / _____