

## New Client Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (Someone we can release the animal to in the event you cannot pick up your pet)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

### Veterinarian Information

Name of Clinic \_\_\_\_\_

Vet Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### Pet Information

Pet Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Breed \_\_\_\_\_ Gender \_\_\_\_\_

Pet birthday/Gotcha day \_\_\_\_\_

Spayed/Neutered \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

Is this pet Microchipped? Yes \_\_\_\_\_ No \_\_\_\_\_ Chip # (If Known) \_\_\_\_\_

### Health & Grooming History

*(Leave blank if unknown- Use Other information section to explain health conditions if yes)*

Blind \_\_\_\_\_ Diabetic \_\_\_\_\_ Allergies \_\_\_\_\_ Biter \_\_\_\_\_ Barker \_\_\_\_\_ Deaf \_\_\_\_\_ Epileptic \_\_\_\_\_

Sensitive Skin \_\_\_\_\_ Shy/Nervous \_\_\_\_\_ Hyper \_\_\_\_\_ Heart Condition \_\_\_\_\_ Musculoskeletal issues \_\_\_\_\_

Wart/Moles/Skin Tags \_\_\_\_\_ Comfortable in a Crate \_\_\_\_\_

Aggression- Cages \_\_\_\_\_ People \_\_\_\_\_ Other Animals \_\_\_\_\_ Other \_\_\_\_\_

Sensitive Areas \_\_\_\_\_

Professionally groomed before? Yes \_\_\_\_\_ No \_\_\_\_\_

Scared of loud noises (hair dryer) Yes \_\_\_\_\_ No \_\_\_\_\_

May we give your dog treats? Yes \_\_\_\_\_ No \_\_\_\_\_

Shampoo Preference? Deodorizing \_\_\_\_\_ Oatmeal \_\_\_\_\_ Anti Itch \_\_\_\_\_ Flea & Tick \_\_\_\_\_