

# POOCH PAD GROOMING

Date \_\_\_\_\_

## CLIENT INFO SHEET

Your Name: \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Male Female Spayed Neutered

Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Male Female Spayed Neutered

Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Male Female Spayed Neutered

Age: Pet #1 \_\_\_\_\_ Pet #2 \_\_\_\_\_ Pet #3 \_\_\_\_\_

My pet has (circle all that apply):

Problems with: Eyesight Hearing Loss Allergies Warts/Growths Epilepsy Hips Legs Back  
Any other problem area/Concerns (please explain)

\_\_\_\_\_

Does your pet play well with other pets: YES NO

Any concerns regarding group play:

\_\_\_\_\_

\_\_\_\_\_

My Veterinarian is: \_\_\_\_\_ Phone \_\_\_\_\_

Does your pet have any known allergies (if so please explain)

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Owner's Signature: \_\_\_\_\_