DOGGIE WASHERETTE

FULL SERVICE GROOMING CONTACT FORM

Please Print: Date:_____

Ownerôs Name:_____

Home Address_____

City/State/Zip:_____ E-Mail Address:_____

Ownerôs Home Phone:_____ Cell_____ Work_____

Emergency Guardian Contact:_____Phone_____

Pet Information:

+ Petôs Name_____ Flea/Tick Prev/Type?_____ Breed:_____

Sex: Male___ Female___ Date of Birth_____ Color_____ Spayed/Neutered Yes___/ No___

+ Petôs Name_____ Flea/Tick Prev/Type?_____ Breed:_____

Sex: Male___ Female___ Date of Birth_____ Color_____ Spayed/Neutered Yes___/ No ___

+ Petôs Name_____ Flea/Tick Prev/Type?_____ Breed:_____

Sex: Male___ Female___ Date of Birth_____ Color_____ Spayed/Neutered Yes___/ No___

Vetôs Name/Phone:_____

Please answer the following:

Does your pet have any ongoing medical condition(s)?_____

Is your pet currently receiving medication(s)?_____

Does your pet have Allergies/Skin allergies?_____

Does your pet have mobility issues?_____

Does your pet bite or has bitten anyone within the past 6 months? Yes___ No___ If yes, who?_____

Any past grooming problem(s)_____

How did you become aware of our services? _____

If customer referral, please let us know so we can thank them (name, please)_____

I understand all payments must be made when services are rendered. Accepted methods of payment include Cash, Discover, Visa, Mastercard and American Express. An estimate can and will be prepared upon my request.

_____

Signature of Owner or Authorized Guardian

CONFIDENTIAL

Rev 11/16