

NEW CLIENT CONTACT AND INFORMATION FORM

Owners Name- _____

Full Address- _____

City _____ State _____ zip _____

While your pet is in our care, We need phone numbers we can reach you at, in case of any question, emergency, for our pick up call to you .

We do not keep pets for the day. Please be prompt picking up your pet.

Cell- _____ Home- _____ Work- _____

Pet(s) Name- _____ Pet(s) Breed- _____ Color- _____ Age- _____

Is your MALE pet Neutered YES or NO

Is your FEMALE pet Spayed YES or NO

**Please list any health issues or behavioral issues we need to know about
This includes, skin sensitivity, skin allergies, IE- warts, moles, surgeries,
heart conditions, etc. We need to know if your pet bites for groomers or other dogs.
We will turn away any pets with open wounds, heavily infested with fleas and or ticks.
All senior dogs over 11 will need to sign a senior dog for before grooming.**

Pet Vet Clinic/Hospital Name _____ ***Rabies vac. date*** _____

***I understand by signing this form I am stating I will be available at all times for any questions regarding my dog.
I understand I have been given a copy of F.C. policies and I will follow them. I will call to cancel any scheduled
appointment and if I do not I understand I will be charged a No Show, No Call, cancellation fee.***

Client signature _____ DATE _____

BE SURE TO TAKE A COPY OF POLICIES WITH YOU! / NO REFUNDS ON SERVICES