



Grooming Only Services

Multiple Pet Information

Pet Information (2nd, 3rd pet information to be completed on Multiple Pet Information form)

Name: _____ Breed: _____ Color: _____ Weight: _____

Date of Birth/Adoption Date (circle one): _____ Sex: Female Male Spayed/Neutered: **Y/N**

Getting to Know Your Pet:

Your pet must be free of fleas & ticks. Please list what type of flea & tick preventative you use. **[Required Question]**

Nexgard Bravecto Frontline Other: _____

We require that your pet has not had any vaccinations in the past 48 hours of your full/maintenance grooming appointment. Please circle 'Y' to agree to these terms. **[Required Question]** **Y/N**

Does your pet have any of the following health problems? **[Required Question]** **Y/N**

- Seizures
- Heart issues
- Open Sores
- Taking a sedative medication
- Is pregnant or nursing
- Please specify any other health concerns _____

Would you consider your pet aggressive? **[Required Question]** **Y/N**

Has your pet ever bitten a person? If yes, please describe the situation: **[Required Question]** **Y/N**

Does your pet have any non-food related allergies we should be aware of? **Y/N** _____

May we give your pet treats? **Y/N** _____

How was your pet's past grooming services (if any): _____

Anything else you'd like the groomer to know? _____
