



Pet Information: Grooming Services

Name: _____ Breed: _____ Color: _____

Weight: _____ Date of Birth: _____ Sex: Female Male Spayed/Neutered: **Y / N**

Your pet MUST be free of fleas & ticks. Please list what type of flea & tick preventative you use.

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. **Y/N**

Does your pet have any of the following health problems? **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? **Y/N**

Has your pet ever bitten a person? If yes, please describe the situation: **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? _____
