

## The Pampered Pet Grooming Salon, LLC

Please complete the following questions to the best of your knowledge. This information will help us maintain a safe and fun environment where your dog can spend his/her day. We are not only concerned about your dog's safety and health, but also the other dogs that will be at daycare and our staff that will be caring for your dog. Please take a few moments to tell us about yourself and your best friend. Thank you.

### Client Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street address \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email address \_\_\_\_\_

**By providing us with your Email address. This will allow us to contact you with information and sale specials.**

Emergency contact name \_\_\_\_\_  
Emergency contact phone number \_\_\_\_\_  
Please list the name(s) of those authorized to drop off/pick up your dog  
(We will only release your dog to the names listed below)

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_  
Can we use photographs of your pet for advertising? Yes No

### Dog's General Information

Dog's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Breed \_\_\_\_\_ Age \_\_\_\_\_  
Birth date \_\_\_\_\_ Please circle: Male Female  
Is your dog spayed or neutered? \_\_\_\_\_ Date of surgery \_\_\_\_\_  
Color \_\_\_\_\_  
Weight \_\_\_\_\_  
How long has your dog been a member of your family? \_\_\_\_\_  
Does your dog have any sensitive areas on his/her body that he does not like touched?

\_\_\_\_\_

When your dog has to go to the bathroom he/she will:  
Bark whine sit by door pace around door ring bell on door  
What phrase or word do you use as a command for your dog to eliminate? (such as "go potty")

\_\_\_\_\_

Is your dog crate-trained? Yes No  
Is your dog afraid of any specific items or noises? Yes No If yes, please describe:

\_\_\_\_\_

Are there any other special needs, comments, or information about your dog that you feel might be helpful for us?

\_\_\_\_\_

---

Dog's Health Information

Veterinarian: Dr. \_\_\_\_\_ at \_\_\_\_\_ Clinic/Hospital

Address \_\_\_\_\_

Clinic phone number \_\_\_\_\_

Does your dog have any hip/joint problems or activity restrictions? Yes No

If yes, please describe

\_\_\_\_\_  
Please describe your dog's general health. (Include any current medical conditions we should be aware of)

\_\_\_\_\_  
Does your dog have any known allergies or food restrictions?

\_\_\_\_\_  
Is your dog allowed to have dog biscuits and training treats? Yes No

Has your dog been groomed in the past? Yes No

If so where \_\_\_\_\_

Instructions in case of an emergency:

- Take my dog to our veterinarian only
- Take my dog to the nearest animal hospital

In case of any emergency situation or injury, you will be contacted immediately. If immediate medical attention is required, we will transport your dog to your veterinarian, unless otherwise instructed by you.

If the situation is severe we will contact the closest animal hospital and transport your dog. There is no cost to you for transporting your dog. If the situation does not require immediate attention, you will be contacted and advised of the situation and we will follow your instructions.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_