

Client Information Form

Name: _____

Address: _____ Phone Number:(H) _____

(C) _____

Email Address: _____

Emergency Contact: _____ # _____

Vet/Animal Hospital: _____ # _____

Pet Name	Breed	Spayed/Neutered?	Age

Does your dog have any current health issues? (seizures, arthritis, allergies, etc) yes no

Does your dog have a history of biting or attempting to bite? (includes nipping, being mouthy, etc) yes no

Has your dog been professionally groomed before, and if so, how long ago was the last grooming? (estimates of time are fine) yes no

Is your dog good around other dogs, and are there any special considerations? (i.e.: doesn't like dogs of the same sex, not good with small dogs, etc) yes no