Client Information Form

| Name: | | | _ |
|----------------------|-------------------------|------------------|-----|
| Address: | Phone Number:(H) (C) | | |
| | | | |
| Email Address: | | | |
| Emergency Contact: | # | | _ |
| Vet/Animal Hospital: | # | 1 | _ |
| | | | |
| Pet Name | Breed | Spayed/Neutered? | Age |
| | | | |
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Does your dog have any current health issues? (seizures, arthritis, allergies, etc) uses uno

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

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

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) \Box yes \Box no