

# CLIENT INFORMATION FORM



## PERSONAL INFORMATION

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name:	
Relationship to Owner:	Phone Number:

## PET INFORMATION

(If you have more than one pet that requires grooming, please fill out a separate section for each pet.)

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female (Circle One) Spayed/Neutered: Yes / No (Circle One)

Color/Markings: \_\_\_\_\_

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## PET INFORMATION

Health History and Allergies: *(Please describe any medical conditions, allergies, or behavioral issues)*

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Veterinarian Name and Contact: \_\_\_\_\_

Current on Vaccinations?: Yes / No *(Circle One)*  
*(Please provide a copy of your pet's vaccination records.)*

Temperament (e.g., calm, excitable, aggressive): \_\_\_\_\_

Is your pet good with other animals?: Yes / No *(Circle One)*

Is your pet good with strangers?: Yes / No *(Circle One)*

Any matting or skin conditions: \_\_\_\_\_

Skin treatments needed: \_\_\_\_\_

Tick/Flea treatment required: Yes / No *(Circle One)*

## GROOMING HISTORY AND PREFERENCES

Previous grooming experiences (Good/Bad): \_\_\_\_\_

Grooming frequency: \_\_\_\_\_

Specific grooming preferences (e.g., style, length): \_\_\_\_\_

Areas to avoid or be cautious with: \_\_\_\_\_

Special Instructions or Requests: \_\_\_\_\_

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## EMERGENCY CARE

Authorisation for emergency veterinary care if needed: Yes / No *(Circle One)*

Preferred veterinary clinic (if different from regular vet): \_\_\_\_\_