



New Client Intake Form

Please complete and bring with you to your appointment. If you have more than one pet, please complete a separate pet information portion for each pet.

Owner Information

Owner Name: _____

Owner Address: _____

Primary Phone: _____ Home Cell

Would you like to receive text message appointment confirmation? Yes No

Second Phone or Emergency Contact (required): _____

If second contact is not the owner, please list name and relationship to owner:

E-mail: _____

Would you like emails for appointment reminders/rebook discounts? Yes No

Pet Information

Pet Name: _____ Birth Year: _____

Breed: _____ Color: _____

Sex: Male Female

Is your pet spayed/neutered? Yes No

Veterinarian: _____

Medical Conditions we should be aware of: _____

Have they been professionally groomed before? Yes No