



New Client Form

Contact Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ **Alternate Phone:** _____

E-mail for Specials: _____

How did you hear about us? _____

Pet Information

Pets Name: _____ **Breed:** _____

Color: _____ **Weight:** _____ **Age:** _____ **Sex: M or F**

Is pet Spayed or Neutered..... Yes -OR- No

Has pet been professionally groomed before?..... Yes -OR- No

Has pet ever shown aggressive behavior or bitten anyone?..... Yes -OR- No

May we use photo of pet on Social Media?..... Yes -OR- No

Is pet current with all necessary vaccinations including Rabies?.... Yes -OR- No Expires: __/__/__

Veterinarian Name: _____ **Phone:** _____

Health History: CIRCLE ANY KNOWN OR SUSPECTED CONDITIONS BELOW & ADVISE FRONT DESK AT CHECK- IN.

Back Injury Epilepsy Heart Condition Hip Dysplasia Arthritis Allergies

Hearing Impairment Sight Impairment Asthma Injuries or Lameness

Other (Please Explain): _____

Disclaimer

In case of an emergency, the owner designates "The Snooty Pooch Pet Spa" as agent and understands that "The Snooty Pooch Pet Spa" will do whatever appropriate for the well-being of the pet's health while in their care. Further, if veterinary services are necessary, the owner extends permission for treatment at owner's expense.

According to Florida State Statute, I hereby assume all liability for any injury to the person(s) on the premises of "The Snooty Pooch Pet Spa", who are in the process of handling or grooming my pet(s), and are injured by such pet(s). I hereby agree to pay for any medical and/or other damages sustained by such person(s) from the biting or behavior of such pet(s). Additionally, I give permission for any emergency care at my expense.

WE CLOSE PROMPLY AT 5:00 P.M. PICK UP'S AFTER 5 P.M. WILL BE CHARGED \$.50/MINUTE LATE FEE.

Owner/Custodian Signature

Today's Date