Owner's Name	1st Dog's Name
Phone Number	Breed
Alternate Phone	DoB Weight
Textable?	Spay\Neuter
Address	2nd Dog's Name
	Breed
Flea Method: Topical Oral Collar None	DoBWeight
Any Allergies?	Spay\Neuter
	3rd Dog's Name
Any Injuries?	Breed
	DoBWeight
Get along well with others?	Spay\Neuter
Vet clinic Name	
pet's visit is as safe and pleasant as possible. Occasionally,	I want to assure you that every effort will be made to insure your grooming can expose a hidden medical problem or aggravate an sting one.
If your pet is a senior, it is especia	ally important to be aware of these risks.
If your pet is matted or severely tangled, he/sh	ne may be at greater risk of injury, stress and trauma.
ALL PRECAUTIONS WILL BE TAKEN. However, problems may arise during or after grooming.	
	ain immediate veterinary treatment for your pet, should it become ecessary.
Your gro	oomer, Kendra
understanding that every possible precaution has been t	n emergency veterinary treatment for my pet at my expense. Also, taken, I will not hold this grooming professional responsible for y or medical expense.
Beginning Date:	
Si	gnature :