Pet Grooming Questionnaire			
Pet Parent's First Name	L	ast Name	
Current Home			
Address_			
CityState	State Zip Code		
Cell Phone #	Secondary #		
Email Address			
How did you hear about us?			
Pet's Name		Cat Dog D	
Breed: Weight	:		
Age/D.O.B Color	:	Male Female	
Spayed/Neutered: YES ONO			
Current Veterinarian			
Has your pet shown any type of aggression with either People or Animals? If so, explain:			
What style/cut would you like to accomplish for this Grooming visit?			

Has your pet been groomed professionally	When was the last time you groomed your pet?		
before? Yes No			
If so, How often did you have your pet groomed?			
Do we have your permission to give your pet Benadryl or other calming treats if			
needed? Yes No			
Is your pet comfortable with grooming tools (blow dryers, nail clippers, etc.)?			
☐ Yes ☐ No			
Does your pet require special shampoo/conditioner? If so, what kind?			
☐ Yes ☐ No			
Does your pet have mats in their fur?	Can we use any perfume/scented		
Yes No	products? Yes No		
What type of coat does your pet have?			
Hairless (or almost) Smooth/Short-Coat Wire Hair Long Coat Curly			
Double Coated I don't know.			
How often would you like your pet groomed?			
Monthly Quarterly Every 6 months Other:			
Reminder: Cancellation Policy of 50% charge within 48 hours of cancellation.			
CLIENT CREDIT CARD WILL BE NEEDED TO HOLD RESERVATION			