

## Confidential Client Registration Form

			Date		
Pet Parent (Last, first, middle initial)			Mobile number		
Email address			Home number		
Home address (including postcode)					
PET NAME	Pet date of birth				
Breed			Male or Female		
Hair length, texture, and colour			Spayed/ Neutered Y/N		
Personality					
<ul><li>Aggressive with animals</li><li>Biter</li><li>Hyperactive</li></ul>	<ul><li>Aggressive with people</li><li>Chewer</li><li>Separation anxiety</li></ul>		<ul><li>☐ Barker</li><li>☐ Nervous/ shy</li><li>☐ Excessive licker</li></ul>		
Medical overview/ history					
<ul><li>□ Deaf</li><li>□ Heart condition</li><li>□ Arthritic</li><li>□ Hip dysplasia</li><li>□ Eye infections</li></ul>	<ul><li>□ Blind</li><li>□ Epileptic</li><li>□ Moles/ warts/ skin tags</li><li>□ Knee problem</li><li>□ Ear infections</li></ul>		<ul><li>Diabetic</li><li>Anal gland complications</li><li>Recent injury</li><li>Eczema/ skin allergies</li><li>Surgical procedures</li></ul>		
Vaccinations (please provide details	s of vaccinations and date/s red	ceived)			
Vaccination	Date	Vaccination	Date	_	
Vaccination	Date	Vaccination	Date	<u> </u>	
List any prescribed medications you	r dog is currently taking				
List any other medical condition/s o	r modical history dotails				

Provide details of any	/ known skin allergies	or sensitivities					
Registered Vet Name				Vet Telephone Number			
Registered Vet Addre	ess (including postcoc	le)					
Grooming Informati	ion						
<ul><li>□ Previous experience of grooming</li><li>□ Comfortable with nail clipping</li><li>□ Comfortable at a height</li></ul>				<ul><li>Scared of hairdryer</li><li>Experience with teeth brushing</li></ul>			
Preferred hairstyle				Whiskers sty	Whiskers style		
Home grooming rout	tine						
Home grooming prod	ducts used (if any)						
Field/ working dog?	Yes/ No	Microchipped	Yes/ No	Insured	Yes/ No		
Children at home?	Yes/ No	Other pets at home	? Yes/ No	Details of other	oets		
Active outdoor life	Yes/ No	How often walked _					
Please include below	w any other informa	tion that will help us p	provide the bes	t level of care for your p	ooch during their visit.		
How did you hear of	us?						
Would you like to be	added to our mailing	list to be kept updated	d on promotions	s and offers at the Spa? <b>Y</b> e	es / No		
Can we post pictures	of your pooch to our	Facebook page? Yes	/ No				
give as much notice a rescheduling/ cancell	as possible. Unfortun ation fee as the thera	ately if appointment ch pists services are reserv	nanges are made ved specifically f	with less than 48 hours no	cancelled pet parents could otice we will have to charge a follows: less than 48 hour notice eserved service amount.		
not intended to be a will fully indemnify ar	substitute for profess nd hold harmless poo	ional medical treatmer ch Dog Spa, representa	nt for any conditi atives, agents, st	ion, medical or otherwise, aff and suppliers, from and	general purposes only and are that Clients may have. Clients I against all liabilities, claims, vith the spa treatments, services		
I have read and unde	rstood the above disc	claimer and the policies	s of pooch Dog S	Бра.			
Signature				Date			