

Confidential Client Registration Form

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						
☐ Aggressive with animals☐ Biter☐ Hyperactive	☐ Aggressive☐ Chewer☐ Separation	with people anxiety	☐ Barker ☐ Nervous/ shy ☐ Excessive licker			
Medical overview/ history						
□ Deaf□ Heart condition□ Arthritic□ Hip dysplasia□ Eye infections	☐ Blind ☐ Epileptic ☐ Moles/ war ☐ Knee probl ☐ Ear infectio		DiabeticAnal gland complicationsRecent injuryEczema/ skin allergiesSurgical procedures			
Vaccination	Date	Vaccination	Date			
Vaccination	Date	Vaccination	Date			
List any prescribed medications your	dog is currently taking					
List any other medical condition/s or	medical history details					
Provide details of any known skin all	ergies or sensitivities					

Registered Vet Name				Vet Telephone Number				
Registered Vet Addre	ess (including pos	stcode)						
Preferred hairstyle				Whiskers style				
Home grooming rout	ting & any produ	cts used						
Field/ working dog?	Yes/ No	Microchipped	Yes/ No	Insured		Yes/ No		
Children at home?	Yes/ No	Other pets at home?	Yes/ No	Details o	of other pe	ts		
Active outdoor life	Yes/ No	How often walked						
Please include below	w any other info	rmation that will help us p	rovide the be	est level of care fo	r your poo	ch during their visit.		
How did you hear of	us?							
Would you like to be	added to our ma	ailing list to be kept updated	on promotion	ns and offers at the	Spa? Yes	/ No		
Can we post pictures	of your pooch to	o our social media pages? Ye	es / No					
Disclaimer:								
irritation, abrasion, pa medical condition or grooming, de-mattin discretion of the groo	atchiness or hair l behaviour. I agro g, thinning, stripp omer the treatme	d fully vaccinated. I agree the loss due to any pre-existing see pooch Dog Spa will not be bring or clipping. If my pet birnt may stop and I will pay fo ay all expenses incurred as a	skin condition held liable fo tes or attemp r all work don	, or any mishap cau or any injury caused ts to bite the groor e to that point. If r	ised by my I as the res ner a muzz ny pet caus	non-disclosure of my pets ult of the process of le may be used, or at the ses injury to a pooch Dog Spa		
, ,	pointment within	the required 48 hours notice	, ,	, ,		ree to pay the surcharge due. ets health causes concern,		
its owners, operators, undersigns pet, eithe special services or ha event of an emergene Dog Spa in the care of	, employees, offic r know or unknov ndling shall inclu cy should occur v of my pet, I agree	ers, and directors from any own to pooch Dog Spa, or any de, but not be limited to, vet with my pet, or in the event so to pay all such costs. Said de	damage, loss of injury incurre erinarian eme pecial services amage, loss o	or claims arising fro ed to the pet during orgency services, ca s or handling are re r claim shall include	m any pre- y the groor retaking, ar quired as c e, but not b	ning process. The terms nd/or transportation. In the deemed necessary by pooch		
		I above are true. I accept and don the company website or				ons shown and have read all of		
Signature					Date			