



## Grooming Only Services

### Additional Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth/Adoption Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male Spayed/Neutered: **Y/N**

#### Getting to Know Your Pet:

Your pet must be free of fleas & ticks. Please list what type of flea & tick preventative you use. [Required Question]

\_\_\_\_ Nexgard \_\_\_\_ Bravecto \_\_\_\_ Frontline \_\_\_\_ Other: \_\_\_\_\_

We require that your pet has not had any vaccinations in the past 48 hours of your full/maintenance grooming appointment. Please circle 'Y' to agree to these terms. [Required] **Y/N**

Does your pet have any of the following health problems? [Required] **Y/N**

- Seizures
- Heart issues
- Open Sores
- Taking a sedative medication
- Is pregnant or nursing
- Please specify any other health concerns \_\_\_\_\_

Would you consider your pet aggressive? [Required] **Y/N**

Has your pet ever bitten a person? If yes, please describe the situation: [Required Question] **Y/N**

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Has your pet ever bitten another animal? If yes, please describe the situation: [Required Question] **Y/N**

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Does your pet have any non-food related allergies we should be aware of? **Y/N**

If yes, please list: \_\_\_\_\_

May we give your pet treats? **Y/N**

How were your pet's past grooming experiences? (if any) \_\_\_\_\_

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