



## New Client Grooming/Bathing Intake Form

### Pet #1 Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Color/Unique Markings: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

**Does your pet have any health, behavioral and/or allergy concerns that we should be aware of for the safety of your pet and the groomer/bather during appointments?** [ ] Y [ ] N Please list all:

---

---

---

Has your dog ever been to a groomer/grooming facility before? [ ] Y [ ] N

Does your dog get stressed/anxious easily? [ ] Y [ ] N Is your dog spayed/neutered? [ ] Y [ ] N

### Pet #2 Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Color/Unique Markings: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

**Does your pet have any health, behavioral and/or allergy concerns that we should be aware of for the safety of your pet and the groomer/bather during appointments?** [ ] Y [ ] N Please list all:

---

---

---

Has your dog ever been to a groomer/grooming facility before? [ ] Y [ ] N

Does your dog get stressed/anxious easily? [ ] Y [ ] N Is your dog spayed/neutered? [ ] Y [ ] N

### Pet #3 Information:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Color/Unique Markings: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

**Does your pet have any health, behavioral and/or allergy concerns that we should be aware of for the safety of your pet and the groomer/bather during appointments?** [ ] Y [ ] N Please list all:

---

---

---

Has your dog ever been to a groomer/grooming facility before? [ ] Y [ ] N

Does your dog get stressed/anxious easily? [ ] Y [ ] N Is your dog spayed/neutered? [ ] Y [ ] N



## New Client Grooming/Bathing Intake Form

### Owner's Information:

Primary Account Holder First and Last Name: \_\_\_\_\_

Secondary Account Holder First and Last Name: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Cell Phone ☐ Landline ☐

Secondary Contact Number: \_\_\_\_\_ Cell Phone ☐ Landline ☐

Emergency Contact Person & Phone Number **(different from primary and secondary)**

\_\_\_\_\_

### Veterinarian Information:

Clinic: \_\_\_\_\_ Veterinarian's Name: \_\_\_\_\_

Should my pet have a medical emergency or be injured, needing medical attention, while undergoing any sort of grooming service at Charming Paws LLC, I approve the amount of \$ \_\_\_\_\_, towards medical treatments **in the event employees of Charming Paws LLC are unable to obtain contact with me.**

At Charming Paws, we take the safety of the pups in our care as our top priority. We will do everything we can to ensure your pup is in the best care possible. We also feel that education is important in providing our customers peace of mind and as the pet's owner, \_\_\_\_\_ (Initial), you understand the inherent risks of grooming. Risks can include small injury due to grooming clippers/scissors, stress related injury, allergic reaction to products used. We will always be transparent regarding anything that we may notice while your pet is under our care and ask that you please share ahead of time anything that may help us avoid any issues during your pets appointment.

### Please Note:

If matting is found in your pet's coat and cannot be easily removed without causing your pet any discomfort, the groomer will need to adjust the requested style accordingly for the safety of both. Dematting fees will apply. \_\_\_\_\_ (Initial)

All prices and estimates are subject to change based on coat condition, temperament/behavior, and appointment time required. Special handling fees will apply where accable. \_\_\_\_\_ (Initial)

\_\_\_\_\_  
Signature of Owner or Owner's Representative

\_\_\_\_\_  
Date