

CLIENT INFORMATION

Name: _____
 Address: _____
 Cell Phone: _____
 Home Phone: _____
 Work Phone: _____
 Email: _____
 Appointment Frequency: _____

DOG INFORMATION

Name: _____
 Breed: _____
 Size: _____
 Coat Type: _____
 Gender: Male Female
 Date of Birth: _____
 Grooming Ease: Easy Moderate Difficult
 Standard Cut: _____

MEDICAL INFORMATION

Vet: _____
 Vet Phone: _____
 Neutered: Yes/ No _____
 Vaccinations Completed: Yes No
 Medical Problems: _____
 Medications: _____

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CLIENT INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Prone to ear infections | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Prone to matting | <input type="checkbox"/> Epileptic |
| <input type="checkbox"/> Prone to hot spots | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Skin condition | <input type="checkbox"/> Arthritic |
| <input type="checkbox"/> Alopecia | |

GROOMING DETAILS: _____

(LAST CLIP/ GROOM STYLE, BLADES USED, BEHAVIOR, FEE ETC.)

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