DOG GROOMING & CARE CLIENT INTAKE FORM

OWNER DETAILS

Owner Name: _____

Phone Number: _____

Email: _____

Address: _____

_____

Secondary Contact: _____

_____

DOG DETAILS

Dog's Name: _____

Breed: _____

Age / Date of Birth: _____

Sex: ☐ Male ☐ Female

Desexed: ☐ Yes ☐ No

Weight (approx.): _____

HEALTH & SAFETY INFORMATION

Is your dog vaccinated? ☐ Yes ☐ No

Any known medical conditions? ☐ Yes ☐ No

If yes, please specify:

_____

_____

Is your dog currently on medication? ☐ Yes ☐ No

If yes, what & when given: _____

Any allergies (skin, food, products)? ☐ Yes ☐ No

Details: _____

Recent injuries or surgeries? ☐ Yes ☐ No

Details: _____

BEHAVIOUR & TEMPERAMENT

Has your dog been groomed before? ☐ Yes ☐ No

Reaction: ☐ Calm ☐ Nervous ☐ Aggressive ☐ Unknown

Bitten or snapped? ☐ Yes ☐ No

Shows anxiety? ☐ Yes ☐ No

Dislikes certain areas touched? ☐ Yes ☐ No

Triggers:

_____

TELL US ABOUT YOUR DOG

What does your dog LOVE?

_____

What does your dog DISLIKE or fear?

_____

Quirks / personality:

_____

How can we make this the best experience?

_____

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CONSENT & AGREEMENT

I confirm all information is accurate

I understand grooming can be stressful

I agree services may stop if unsafe

I consent to emergency vet care if required and understand that I am responsible for the accosiated costs in relation to my dog

Signature: _____

Date: _____

OPTIONAL EXTRAS

Photo for client profile: ☐ Yes ☐ No

Photo permission for social media: ☐ Yes ☐ No

Regular client profile created: ☐ Yes ☐

STAFF USE ONLY

Microchip number: _____

Condition on arrival:

_____
_____
_____
_____

Notes during service:

_____
_____
_____
_____
_____
_____
_____

Incidents / issues:

_____
_____
_____
_____
_____
_____

Staff initials: _____