

**Dogs By Design
Holistic Welless Center & Spa**

Please fill out entire form.

Date _____

Your Name (Last Name First) _____

Address _____

City _____ **Zip Code** _____

Phone Number (home) _____ **(cell)** _____

Email address _____

Pet's Name _____

Dog or Cat Breed _____

Age _____ **Weight** _____ **Male or Female**

Is your pet spayed or neutered? _____ **Is your cat declawed?** _____

Previous Groomer _____

What brand of flea prevention do you use? (Frontline, Advantage, Advantix, etc.)

Veterinarian _____ **Phone** _____

Address _____

Date of pet's last rabies vaccine (month/year) _____

Health problems – include any medical or physical conditions including sensitive skin, arthritis, chronic ear infections as well as any known fears, etc.

How did you hear of our salon? _____

Has your pet ever bitten anyone including you or another groomer? _____