



GROOMING

DATES: _____

SERVICE: _____

Today's Date: _____

Owner's Name _____

Address _____

City/State/Zip: _____ / _____ / _____

Cell/Home/Work Phone: _____ Emerg. Contact (name) _____

Email Address: _____ Emerg. Contact(phone) _____

Emerg email: _____

How did you hear about us?

OPPR client referral (name) _____ Vet or vet clinic _____

I'm a returning client _____ Saw print ad (name) _____

OPPR website _____ Internet search _____

Saw sign/drove by _____

Pet Name: _____

Breed: _____

Age: _____ **Birthdate:** _____ **Weight:** _____ **Color:** _____

Veterinarian: _____

Sex: Male/Female (circle) **Neutered/Spayed?:** Yes/No (circle)

Vaccinations (Expiration Date):

Bordetella: _____

Rabies: _____

Distemper: _____

Canine Influenza: _____

Pet Information

1.) How long has your pet lived with you?

2.) Has your pet ever been groomed before? (Bath, Nail trims, Trimming, etc.)?

3.) If yes, Were there any problems or concerns? Explain

4.) Does your pet have any allergies? If yes, to what? (Chicken, Peanut Butter, Pork, etc.)

5.) Does your pet have any medical conditions and/or physical disabilities?

6.) Are there any recent or past surgeries or medical procedures to be noted? If yes, explain

7.) Does your pet have any unique medical characteristics such as lipomas, cysts, hot spots, etc?

8.) Do certain things cause your dog to be fearful such as blow dryers, clipper, etc?

9.) How is your pet with having their paws touched?

Services that you are requesting:
