

CLIENT INFORMATION

Name _____ Cell Phone _____

Spouse's Name _____ Cell Phone _____

Address _____ City _____

State _____ Zip _____

Home Phone _____ Other Phone _____

Do you text message: Yes _____ No _____

Driver's License # _____

E-Mail Address _____

Name & Phone of Veterinarian _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

PET INFORMATION

NAME _____ BREED _____ AGE _____

SPAY / NEUTER: Y ___ N ___

DOGS:

DA2LPP (Distemper/Parvo) _____ Rabies _____

Bordetella (Kennel Cough) _____

CATS:

FVRCP (Infectious Diseases)

FELV (Feline Leukemia)

PET INFORMATION

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Bordetella (Kennel Cough) _____

CATS:

FVRCP (Infectious Diseases) _____ FELV (Feline Leukemia) _____

For your pets safety it will be tethered during the Grooming process. Brandi Atkinson takes every reasonable precaution & care to prevent injury or distress to your pet. In the event an emergency should require special services as deemed necessary I agree to pay/reimburse Brandi Atkinson for all costs associated with the emergency and hold Brandi Atkinson harmless for any problems that may arise with my pet while in her care.

SIGNATURE: _____ DATE: _____