

Jess' Groom Room Client Information Sheet

Humans Information-

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Others able to pick up your dog: _____

***Your dog will not be released to anyone NOT on the above list- Unless discussed at drop off**

Emergency Contact Information-

Name: _____ Home Phone: _____

Cell Phone: _____ Additional Phone: _____

Veterinary/Medical Information-

Veterinarian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Dog's Vaccination Expiration Dates- Please also supply vet records.

Rabies: _____ Bordetella: _____ D/H/L/P(Distemper): _____

Allergies?

Flea and Tick Prevention: Yes No Brand: _____

Any Lumps or bumps? Yes No *This includes fatty tumors, warts, etc.

*If yes, please explain where: _____

Any sensitive areas? Yes No *If yes please explain where: _____

****If you have a preferred Emergency Veterinary Hospital please list it below.**

Dog's Information-

Dog's Name: _____ Nickname: _____

Breed: _____ Age: _____ D.O.B: _____

Sex: M- Neutered F- Spayed Weight: _____ Color: _____

Has your dog ever bit anyone? Yes No *If yes, please explain the circumstances.

Does your dog have a tendency to show aggression? Yes No *If yes, please let us know of possible triggers.

Grooming

Has your dog been to a groomer before? Yes No

To your knowledge, does your dog have problems in any of the following areas?

*If yes, please explain

Yes No | Brushing_____

Yes No | Bathing_____

Yes No | Blow Drying_____

Yes No | Nails_____

Yes No | Ears_____

Yes No | Clippers_____

Yes No | Scissors_____

Yes No | Head_____

Yes No | Tail_____

Yes No | Legs_____

Yes No | Paws_____

Do you keep your dog in the same cut year round? Yes No Does Not Apply

*For the groomer.

Additional Information:

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