

Client Consent Form

Intake information

Contact and Client Profile

Please print clearly using blue or black ink. Fill in all applicable fields to your best knowledge

Client Contact information

Clients full name

Address

Mobile number

Email address

Work Number

Emergency Contact Information

Emergency contact name

Relationship to owner

Mobile number

Work Number

Email address

Vet information

Vet name

Vet address

Phone number

Opening hours

Email address

Dogs Information

Dogs name		Dogs age	
Breed		Sex	M <input type="radio"/> F <input type="radio"/>
Neutered/Spayed	Y <input type="radio"/> N <input type="radio"/>	Fully vaccinated	Y <input type="radio"/> N <input type="radio"/>
Up to Date with flea and tick treatments			Y <input type="radio"/> N <input type="radio"/>
other dog friendly?	Y <input type="radio"/> N <input type="radio"/>		
Dog tag on collar	Y <input type="radio"/> N <input type="radio"/>	Crate used	Y <input type="radio"/> N <input type="radio"/>
Micro chipped	Y <input type="radio"/> N <input type="radio"/>		
Treats allowed	Y <input type="radio"/> N <input type="radio"/>		
Allergies/intolarances	Y <input type="radio"/> N <input type="radio"/>	More information:	
Medical conditions	Y <input type="radio"/> N <input type="radio"/>	More information:	

Health notes and current medication

Basic health check: (please circle) Signs of any discharge / Odor / Stains / Sores / Cuts /
Abrasions / Fleas, Worms, Plaque, Eyes, Ears, Genital Areas, Mouth, Teeth, Body, Paws, Pads

Does your dog have any Skin Conditions Y N Please explain:

Please tell us about your dogs temperament

Has your dog ever shown signs of aggression towards people? (growls, lunges, snaps, bites)

Y N Please explain

Dogs Information continued...

Any limited or impaired sensory functions? Y N

Distinguishing features:

Dog grooming & styling

Please indicate your preferences below, for ex: short, long or anything you wish us to know

Face	Body	Ears	Legs	Tail
Comments:	Comments:	Comments:	Comments:	Comments:

Is there anything specifically you would like from your dogs groom?

When being groomed my dog...

Likes:

Dislikes:

Cost

Deposit paid Y <input type="radio"/> N <input type="radio"/> \$	Groom cost \$	Additional costs \$	Total \$
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Customer advised of additional costs Y N

Reasons

Declaration: By signing this form, I confirm that as the owner (or with the full permission of the owner) hereby give permission to Pups in Bubbles Pet Spa to proceed with the agreed grooming requirements as discussed and from what information is given in these consent forms. If any additional grooming is absolutely necessary, I understand that the groomer will try to contact me for permission. If this is not possible and I cannot be reached I hereby authorize Pups in Bubbles Pet Spa to proceed with the grooming session and I will be responsible for any additional costs for unseen things such as de-matting / fleas etc. If emergency veterinary care is needed

I hereby authorize Pups in Bubbles Pet Spa to proceed as they deem necessary and in the best interest of my dog. I understand and agree to reimburse any vet charges. I have read and agree to the terms and conditions in this form. I have answered truthfully and highlighted any concerns that I have.

Client consent

Client name

Date

Client signature

Groomer name

Date

Groomer signature

Extra information