

Grooming Registration

Suite Paws must have proof of vaccines BEFORE grooming any pets. No exceptions.

Date: / /

CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

Preferred contact method? Email Phone

GUEST (PET) INFORMATION (for more than 1 pet, please use the next page)

Pet Name: _____ Approx. weight: _____ Age: _____

Dog Cat Breed: _____ Color: _____ Sex: _____

Is this pet spayed or neutered? Yes No

VETERINARIAN INFORMATION

Name: _____ Phone: _____

MEDICAL HISTORY

Does your pet have any allergies? Yes No

If yes, please describe: _____

Does your pet have any chronic medical conditions? Yes No

If yes, please describe: _____

ADDITIONAL GUEST (PET) INFORMATION

Pet Name: _____ Approx. weight: _____ Age: _____

Dog Cat Breed: _____ Color: _____ Sex: _____

Is this pet spayed or neutered? Yes No

Pet Name: _____ Approx. weight: _____ Age: _____

Dog Cat Breed: _____ Color: _____ Sex: _____

Is this pet spayed or neutered? Yes No

Pet Name: _____ Approx. weight: _____ Age: _____

Dog Cat Breed: _____ Color: _____ Sex: _____

Is this pet spayed or neutered? Yes No

Pet Name: _____ Approx. weight: _____ Age: _____

Dog Cat Breed: _____ Color: _____ Sex: _____

Is this pet spayed or neutered? Yes No

Pet Name: _____ Approx. weight: _____ Age: _____

Dog Cat Breed: _____ Color: _____ Sex: _____

Is this pet spayed or neutered? Yes No