

CLIENT INFORMATION

Name: _____	Pet's name: _____
Address: _____ (Street)	Pet's date of birth : _____
_____	Pet's species/breed: _____
(City) (State) (Zip code)	
Phone number: _____	Veterinarian/Clinic: _____
E-mail: _____	Clinic phone number: _____
Emergency contact: _____	Emergency phone number: _____
Persons authorized to drop off/pick up pet: _____	

MEDICAL HISTORY

Please list any special needs or conditions (i.e. arthritis left hip, fearful of blow dryers, etc.):

For the safety of your pet and our stylists, Premiere Pets requires documentation that your pet is current on their vaccinations and dewormings before any service is provided. (check option below)

___ I have brought my pet's veterinary records

___ I have had my pet's veterinary records faxed to Premiere Pets

If my pet is feline, please check: ___ declawed ___ not declawed

In an effort to control the spread of fleas, please check below if your pet is on a flea preventative. You will be notified if we find living fleas on your pet and they will receive a flea bath at an additional charge of \$20.00.

___ Yes, my pet is on a flea preventative Type _____

___ No, my pet is not on any flea preventative

A \$20.00 difficult pet charge may be charged at the groomer's discretion if your pet proves to be excessively difficult to groom due to aggression or being overly fractious. The owner will be notified and reserves the right to decline further service.

Premiere Pets reserves the right to decline service to any pet that is aggressive or appears to be ill.

BY SIGNING BELOW, I UNDERSTAND AND AGREE TO ALL TERMS STATED HEREIN

X _____
(Signature) (Date)