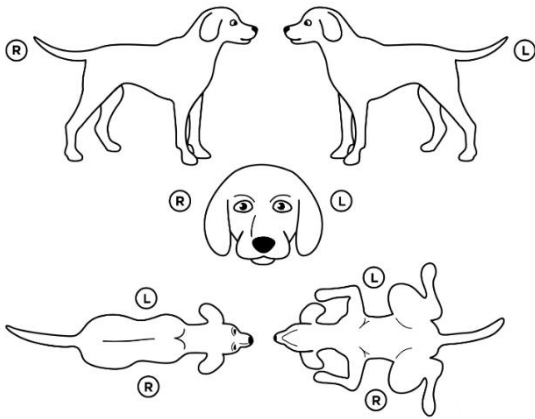


PET SYSTEM ID: \_\_\_\_\_

Client's Full Name:	Pet Name:
House Name/No:	Pet Breed:
Street Name:	Male or Female:
Locality:	Date of Birth:
Post Code:	Colour:
Mobile Number:	Vet Name:
E-mail:	Vet Contact Number: _____
Emergency contact name:	Chip Number: _____
Relation & Mobile No:	Neutered: <input type="checkbox"/> YES <input type="checkbox"/> No

Every Wart, Lump, Scar, Eczema Area, mark clearly on map below & write other specific notes such as allergies, arthritis, diabetics, medication, sight, balance, bite, muzzle, escapes, behaviour, etc....




Occasionally we post photos on our website or social media of pets who visit our salon. Do we have your permission to post photos of your pet (may include tags)  YES  NO

How often would you wish to groom your pet?  4 Weeks  8 Weeks  12 Weeks

(We recommend every 4weeks)  Not Sure

By signing below, I certify all information is true and correct to the best of my knowledge & I will advise the groomer at time of consultation if there are any changes.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date