

# Fur the Love of Dogs Inc.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone # where you can be reached: (     ) \_\_\_\_\_

Pet's Name (#1): \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Is your pet Neutered or Spayed?    Yes    No        Male or Female

Name Dog (#2): \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Is your pet Neutered or Spayed?    Yes    No        Male or Female

\* Your pet must be current with his/her RABIES vaccination \*

Veterinarian Office: \_\_\_\_\_

## SPECIAL CONDITIONS AND OR INSTRUCTIONS

\_\_\_ Arthritic    \_\_\_ Epileptic    \_\_\_ Skin Condition    \_\_\_ Allergic

\_\_\_ Burns    \_\_\_ Blind    \_\_\_ Deaf    \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Check the statement(s) that best describes your pet's skin and coat type:

\_\_\_ Normal/No Problems

\_\_\_ Dry/Flaky/Itchy

\_\_\_ Hot Spots/Sores

\_\_\_ Fleas/Ticks

\_\_\_ Hair Loss

\_\_\_ Heavy Shedding

## **I would like service's that:**

\_\_\_ Improve my dog's dental care

\_\_\_ Flea and Tick prevention

\_\_\_ Will help with any behavior problems I may have with my dog

Your pet is important to us. Because we care about your pet's safety and well being. We want to assure you that every effort will be made to make your pet's visit as pleasant as possible. Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming. If your pet is severely tangled or matted, it is at greater risk of injury, stress and trauma. All precautions will be taken. However, problems occasionally arise, such as cuts, nicks, clipper irritation and mental or physical stress. In the best interest of your pet, we request your permission to obtain immediate veterinary treatment should it become necessary. I release Fur The Love of Dogs Inc. and the Groomer from any and all claims, damages and liability. I further acknowledge that I am completely responsible for the actions of myself and my pet. My pet is current with his/her RABIES vaccination.

Sincerely,

Your Professional Groomer

**I hereby grant permission to Fur The Love of Dogs Inc. to obtain emergency veterinary treatment for my pet at my expense. I will not hold Fur The Love of Dogs Inc. or the Groomer responsible for accident or injury to my pet.**

\_\_\_\_\_  
Signature

Please tell us how you heard about us?

Family/Friend

Phone Book

Internet

Drive by

Post Office

Coupon

Other \_\_\_\_\_