



# THE SMILING DOG

## PET SALON, DAYCARE & BOARDING

### Grooming Application

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

For Office Use Only: Initial & date when items are given or received.

**Policies & Practices** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Vaccinations:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Registered Owner(s): (First Name)		(Last Name)
Home Address: (Street)		(City) (Zip)
Primary Phone: (circle one) (Cell) (Home) (Work)	Secondary Phone: (circle one) (Cell) (Home) (Work)	
Email Address:		
Preferred form of communication: (circle preference) (Phone Call) (Text-message rates will apply)		
Grooming Appointment Day Preferences: (circle preferred days) ( <u>Any Day</u> ) (Sunday) (Monday) (Tuesday) (Wednesday) (Thursday) (Friday) (Saturday)		
How did you hear about The Smiling Dog? (If referred, please list the name of the person who referred you)		

Pet Information:	(Dog)	(Cat)
Name:	Birthday: (00/00/0000)	
Breed:	Sex:	Color: Weight:
Special Notes: (any allergies, recent surgeries or injuries, etc.)	Is your pet: (circle one) (Spayed) (Neutered) (Intact)	

Pet Information:	(Dog)	(Cat)
Name:	Birthday: (00/00/0000)	
Breed:	Sex:	Color: Weight:
Special Notes: (any allergies, recent surgeries or injuries, etc.)	Is your pet: (circle one) (Spayed) (Neutered) (Intact)	

Our Grooming process includes the following. Please circle any that you <b>DO NOT</b> want done on your pet.				
Nails	Paws/Pads	Anal Glands	Perfume	Ear Plucking

I have received and agree to the terms and conditions outlined in the *Policies & Practices* paperwork:

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_