

DOG DAYCARE GROOMING APPLICATION



How did you hear about Gateway Pawhouse?

Your Name _____

Address _____

City _____ State _____ Zip _____

Home/Cell Phone # _(____)_____ Work # _(____)_____

Email _____

If we can't get in touch with you who, can we call?

Contact Name _____

Address _____

Home/Cell Phone # _(____)_____ Work # _(____)_____

Veterinarian

Name/Office _____ Phone #(____)_____

PET INFORMATION

Name _____ Sex M / F

Age _____ Birthday _____ Spayed/Neutered Y/N

Breed _____ Microchip Y / N

Color _____ Weight _____

Please provide an updated shot record printout from your veterinarian.

DHLPP _____ Bordetella every 6 months _____

DHPP _____ Rabies (one year) _____

DHLPP/C _____ Rabies (three year) _____

Other _____

Flea and Tick Prevention _____

Medical concerns Does your dog have any health concern that you are aware of? Y / N

If yes, describe: _____

Does your dog have any medical restrictions on his/her activities? Y / N

If yes, describe: _____

Is your dog currently on any medications? Y / N

If yes, describe: _____

Does your dog have any allergies? Y / N

If yes, describe: _____

Pampering and Grooming Does your dog like to receive brushings? Y / N

How often is he /she brushed? _____

How does your dog react to getting his/her nails clipped? _____

Does your dog have any areas on his/her body that he/she does not like touched? Y / N

If yes, describe: _____

Does your dog have a special place that he/she likes to be petted or rubbed? Y / N

If yes, describe: _____

Sign _____ Date _____