

NEW CLIENT & PET INTAKE FORM

Welcome to The Shaggy Pup!

Please complete the following form to help us provide the best care for your furry friend.

CLIENT INFORMATION

- Full Name: _____
 - Phone Number: _____
 - Email Address: _____
 - Address (Street, City, State, ZIP): _____
 - Preferred Method of Contact (Call/Text/Email): _____
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PET INFORMATION

- Pet's Name: _____
 - Breed: _____
 - Age: _____
 - Color/Markings: _____
 - Weight: _____
 - Gender (Spayed/Neutered?): _____
 - Known Allergies or Medical Conditions: _____
 - Behavioral Concerns (e.g., anxiety, aggression): _____
 - Does your pet get along with other pets? (Yes/No): _____
 - Current on Vaccinations? (Rabies, Bordetella, etc.): _____
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SERVICE PREFERENCES

- Preferred Services (Bath, Haircut, Nail Trim, etc.): _____
 - Preferred Grooming Schedule (e.g., Monthly, Bi-weekly): _____
 - Special Instructions or Notes: _____
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EMERGENCY CONTACT

- Emergency Contact Name: _____

- **Phone Number:** _____
 - **Relationship to You:** _____
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AUTHORIZATION

I certify that the information provided is accurate to the best of my knowledge. I authorize **The Shaggy Pup** to care for and groom my pet. In case of emergency, I give permission for staff to seek medical treatment for my pet at my expense.

Signature: _____

Date: _____