



[www.LovingVetCare.com](http://www.LovingVetCare.com)

## Pet Grooming Instructions

### **Please Print**

Today's Date: \_\_\_\_\_.

Client's Name: \_\_\_\_\_ Owner's Cell Phone #: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_ Owner's Home Phone #: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Emergency Contact Name (other than your self) \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### **Pet's Information:**

Pet's Name: \_\_\_\_\_ Dog: \_\_\_\_ Cat: \_\_\_\_ Other: \_\_\_\_ Breed: \_\_\_\_\_.

Date of Birth/ Age: \_\_\_\_\_ Sex (M / F): \_\_\_\_ Color: \_\_\_\_ Spayed/ Neutered? Y\_\_N\_\_

Other Pets: \_\_\_\_\_

Under what conditions dos your pet growl, snarl, bark or cry: \_\_\_\_\_

Has your pet ever bitten or been bitten? \_\_\_\_\_

### **Instructions for our Groomer:**

Type of grooming (hair cut preferred): \_\_\_\_\_

Nails: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

### **Additional information you would like our Groomer to know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Pet Medical Emergencies Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give you permission to authorize emergency medical care for our pet (s) as deemed necessary by a veterinarian, and agree to be responsible for full payment of all charges of such care:    YES    NO    CALL US FIRST.

I certify that I am the owner or the agent of the owner of the aforementioned pet and that I am authorized to sign this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.