



NEW CLIENT INFO SHEET

CONTACT INFORMATION

Full Name: _____
Last First

Address: _____
Street Address Apt. #/Suite #

City State Zip Code

Primary Phone: _____ Alternative Phone: _____

E-Mail for Specials: _____

How Did You Hear About Us? _____



PET'S INFORMATION



Pet's Name: _____ Breed: _____

Color: _____ Weight: _____ Age: _____ Sex: M or F

Is Pet Spayed or Neutered? YES or NO

Has Pet Been Professionally Groomed Before? YES or NO

Has Pet Ever Shown Aggressive Behavior Or Bitten Anyone? YES or NO

May We Use Photo Of Your Pet On Social Media? YES or NO

Is Pet Current With All Necessary Vaccinations Including Rabies? ... YES or NO Expires: ___/___/___

Veterinarian Name: _____ Phone: _____

Health History: CIRCLE ANY KNOWN OR SUSPECTED CONDITIONS BELOW & ADVISE

FRONT DESK AT CHECK-IN

Back Injury Epilepsy Heart Condition Hip Dysplasia Arthritis Allergies
Hearing Impairment sight Impairment Asthma Injuries or Lameness

DISCLAIMER

In case of an emergency, the owner designates "Uptown Dogs Pet Spa" as agent and understands that "Uptown Dogs Pet Spa" will do whatever appropriate for the well-being on the pets health while in their care. Further, if veterinary services are necessary, the owner extends permission for treatment at owner's expense.

According to Florida State Stature, I hereby assume all liability and any injury to the person(s) on the premises of "Uptown Dogs Pet Spa", who are in the process of handling or grooming my pet(s), and are injured by such pet(s). I hereby agree to pay for any medical and/or other damages sustained by such person(s) from the biting or behavior of such pet(s). Additionally, I give permission for any emergency care at my expense.

**WE CLOSE PROMPTLY AT 5:00 P.M PICK UP'S AFTER 5:00 P.M. WILL BE CHARGED \$.50/PER MIN.
LATE FEE**





Owner/Custodian Signature
Paws Down Best In Town
Pet Spa

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Date

