

Welcome To  
Shear Pawfection Pet Grooming

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

(Important for specials or changes in hours & holiday posting)

Pet Information

Name: \_\_\_\_\_ (2ndPet) Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Colour: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Spayed: \_\_\_\_\_

Spayed: \_\_\_\_\_

Neutered: \_\_\_\_\_

Neutered: \_\_\_\_\_

Intact: \_\_\_\_\_

Intact: \_\_\_\_\_

Vaccinations are current: Yes \_\_\_ No \_\_\_

Vaccinations are current: Yes \_\_\_ No \_\_\_

Does your pet have any Allergies: \_\_\_\_\_

If so what are they: \_\_\_\_\_

Do you have any special grooming requirements: \_\_\_\_\_

Has your pet ever been known to be aggressive: \_\_\_\_\_

Is there anything that I should know about your pet: i.e. reacts badly to having feet/ears/ rear touched, or any other sensitivity:

\_\_\_\_\_

Do you have a local Veterinary Clinic that your pet is a patient at and would like me to contact in the case of an emergency: Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Vets Name: \_\_\_\_\_

Comments or Concerns: \_\_\_\_\_

Thank you for taking the time to complete read and sign our Grooming release form these will be kept in your pets file for future reference. Please notify us if you have changes in the future.

Signature: \_\_\_\_\_

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

