**Diamond in the RUFF Grooming & Spa**

**Owner Information: ­­­­­­­­­­­­­­­­­­­­**

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

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

*This person must be local and decision maker, if we cannot reach you.*

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

**Veterinarian:**

Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Others authorized to pick up your Pet:** *If you would like an individual, other than yourself, to pick up your pet(s); their name must be on this form. All individuals are subject to ID check.*

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

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

How did you hear about us? Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to be reminded of future appointments? (Circle one or more)

**Phone Email Mail**

**Diamond in the RUFF Grooming & Spa**

**Grooming Pet Info**

Pet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dog Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex\_\_\_\_\_\_\_\_\_\_\_Weight\_\_\_\_\_\_\_\_

Is he/she spayed/neutered? Yes\_\_\_No\_\_\_

Age: \_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_

**Is your pet friendly to other dogs?** Yes\_\_\_No\_\_\_\_

**Friendly to people?** Yes\_\_\_No\_\_\_\_

List your pet’s fears such as *vacuum cleaner, dryer, thunder, noise, cages etc.*

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

* Rabies Proof of Vaccination
* Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet been treated with flea/tick preventative such as Frontline or Advantix? Yes\_\_\_No\_\_\_

**Medical Conditions:**

Please describe any physical problems that your pet has such as deafness, blindness, epilepsy, arthritis, hip or other joint problems, allergies, skin problems:

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

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Grooming Instructions

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