



**PAWSATTRACTION
CLIENT INFORMATION**

Owner's Name _____ Email: _____

Telephone Numbers: Home _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip _____

Password _____ (For use when someone else is picking up your pet for you.)

Veterinarian: _____ Phone _____

Address _____

Shots Expiration Date: Rabies _____ Bordetella _____ DHLPP _____

Pawsattraction,LLC shall not be responsible in the event that your pet contracts any illness due to shots that have expired or have never been protected against.

(CIRCLE ONE)

Recommended by: Veterinarian Money Mailer Referral Clipper Drive By Walk-In Online

If Referral: Who? We'd like to thank them. _____

Pet's Name: _____ Pet's Name: _____

Pet's Breed: _____ Pet's Breed: _____

Pet's Age: _____ Pet's Age: _____

Male _____ Neutered: Y N (Circle One) Male _____ Neutered: Y N

Female _____ Spayed: Y N (Circle One) Female _____ Spayed: Y N

Color/Markings: _____ Color/Markings: _____

Special Needs/Concerns: _____

Signature: _____ Today's Date _____

Grooming Instructions: Cologne: Y N Bows: Y N Bandana: Y N Treats OK? Y N

Multiple Pets, Same Kennel? Y N Special Shampoo: _____ Walk-in Service _____

Special ___ Spa ___ Spoiled ___ Bath & Brush ___ Haircut _____