

## Client Information Owner Information

Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
How did you hear about us: \_\_\_\_\_

### Pet's Information

**1st Pets Name:** \_\_\_\_\_ Breed: \_\_\_\_\_

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

**2nd Pets Name:** \_\_\_\_\_ Breed: \_\_\_\_\_

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

Veterinary Hospital: \_\_\_\_\_

Rags to Riches Pet Salon LLC strives to be a flea-free salon. If your pet has any fleas they will be given a flea bath at your expense of \$10.00-\$20.00 depending on the size of your dog

**Does your dog have any problems in any of the following areas? ( Please circle) Ears Tail Paws Hindquarters Nail Trims Being Brushed Hip/Joint.**

**Has your dog ever bitten someone?** Yes / No If yes, please explain:

\_\_\_\_\_  
Please list any known past/pre-existing medical conditions, sensitivities, etc.

\_\_\_\_\_  
Please list any medications your pet is on:

\_\_\_\_\_  
I have received, reviewed, and accept Rags to Riches Pet Salon LLC Grooming Policies and procedures and understand the contents of this contract. I affirm that I am the rightful legal owner or guardian of the pet(s) for which services are being rendered. I authorize this signed contract to be valid approval for future grooming services, permitting Rags to Riches Pet Salon LLC to accept appointments for service without additional signed contracts or written authorization. I understand that pricing is subject to change. By signing below I agree I have read, and agreed to the above.

Pet Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_