

# TLC Pet Spa, LLC

## CLIENT / PET RECORD

Pet Parent's Name:			Date:		
Address		City		State	Zip
Phone #1:		Phone #2:		E-Mail:	
Frequency of grooming:			Referred By:		
Vet:			Vet Phone:		
#1 Pet Name:		Breed:		Color	Age
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Fixed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pet Weight:
On Flea Preventative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	OK w/ other Dogs?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	OK w/ Cats?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Current Vaccines REQUIRED for Dogs (Due Dates)		DHPP	Bordetella	Rabies	
Any Behavioral/Health problems or special grooming needs? (ex. Arthritis,seizures,sensitive shampoo?)					
#2 Pet Name:		Breed:		Color	Age
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Fixed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pet Weight:
On Flea Preventative?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	OK w/ other Dogs?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	OK w/ Cats?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Current Vaccines REQUIRED for Dogs (Due Dates)		DHPP	Bordetella	Rabies	
Any Behavioral/Health problems or special grooming needs? (ex. Arthritis,seizures,sensitive shampoo?)					

NO EXTRA CHARGE for the offers below:

Are Our Treats OK?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bows or Bandana?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cologne?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
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