



Grooming Enrollment Form

General Information:

Dog's Name: _____
Breed: _____ Color: _____
Birthdate: _____ Weight: _____
Sex: Male / Female Is your dog neutered or spayed? Yes No
If not, when will they be? _____ If not spayed, when is their heat cycle? _____
Vet Clinic: _____ License #: _____ Microchip #: _____
Parent's Name (please list all parents) _____
Address: _____ City: _____
State: _____ Zip: _____
Home Phone: _____ Work: _____
Cell 1: _____ Cell 2: _____
Email Address: _____
Emergency Contact Person (other than yourself or spouse): _____
Relationship: _____ Phone #: _____
Please list any person(s) not listed above, who you approve to pick up your pet:
Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____
How did you hear about us? _____
If referred, by whom? (referrals=1 Barking Buddy for the pet parent who referred you):

Dog Profile:

Has your dog ever been groomed before? Yes No
Is your dog comfortable being in a crate? Yes No
How does your dog react to seeing other dogs? Happy/excited Go away Indifferent to them
Does your dog have any medical/health issues we need to be aware of? (i.e. seizures, heart/hip problems etc.)
 Yes No If so, please explain: _____
Does your dog have any allergies to foods, shampoo, or cologne? Yes No
If so, please list: _____
Has your dog ever had an issue with getting groomed or handled by a person outside of your family?
 Yes No If so, please explain: _____
Has your dog had any previous negative grooming experiences? Yes No
If so, please explain: _____
Is your dog comfortable with having his/her feet touched for nails? Yes No
Does your dog require any medication for grooming? Yes No
If so, please list and explain: _____
Describe any behavioral problems/idiosyncrasies/special sensitivities we should be aware of:

IF ANY OF THE ABOVE INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY!