



Grooming New Customer Form

Owner's Name: _____

Address including zip code: _____

Contact Numbers:

Home: _____

Cell: _____ Person: _____

Cell: _____ Person: _____

Work: _____ Extension: _____

Email: _____

Please check preferred contact #

By providing an email address you will be receiving newsletters and other correspondence

How did you hear about us? _____

It is our goal that all pets have a pleasant and easy experience. However, it is important to understand that some pets react differently to grooming. Sometimes preexisting conditions arise such as allergies, moles, clipper sensitivity, mats and tangles, behavioral issues, health issues, etc. As the pet owner, please inform us of any issues you are aware of prior to grooming.

I, _____, understand that Animal Friends Alliance requires all pets to be up to date on vaccinations including but not limited to rabies, distemper, bordetella, and parvovirus. By signing below I agree that my pet is current on all vaccines and that I give my authorization for Animal Friends Alliance to access my pets records with my veterinarian for verification purposes.

Please check each box in acknowledgment of our grooming attendance policy:

- Tardiness for appointments beyond ten minutes may result in the cancellation of grooming appointment. If said appointment is kept a \$10 fee per dog will be added to the cost of the service performed that day and will be charged at pickup.
- Additionally, same day cancellations of grooming appointments will incur a \$10 fee that will be added to the amount due of the rescheduled appointment. **Three cancellations will result in future decline of service.**
- An AFTER HOURS pick up fee of \$25 per pet will be accessed for each pet that is picked up after the close of business hours unless previously arranged.*

The undersigned pet owner or agent agrees to not hold Animal Friends Alliance liable for any damage, loss or claims arising from preexisting and/or unrelated conditions, either known or unknown to Animal Friends Alliance, I understand that my dog will be tethered during grooming. In the event of an emergency, I authorize this establishment to obtain any necessary treatment for my pet and agree to pay all associated costs. I also allow permission of my pet to be photographed and said pictures to be used for advertising and marketing purposes, including social media. I also understand on rare occasions Animal Friends Alliance might use products (example: Dawn dish soap during deskunking or degreasing services) that are not approved for animal use and allow them to use their professional opinion on when this is appropriate for my pet while in their care.

Peanut products are used heavily at our facility. Please notify our staff if anyone in your household has a nut allergy.

I have read and understand the above policies.

Signature _____ Date _____

Please fill out 2nd side for pet information.

Pet Information

Pet's Name: _____ Species: Dog Cat Other: _____
Breed: _____ Cats Only: Long Hair Medium Hair Short Hair
Color: _____ **Age/DOB:** _____
Sex: F M Spayed/Neutered: Y N Animal Friends Alum: Y N

Medical History

Regular Veterinarian: _____

Animal Friends Alliance requires all dogs and cats are up to date on vaccinations including but not limited to rabies, distemper, bordetella, and parvovirus for dogs and FVRCP (distemper) and rabies for cats. I agree that my pet is current on all vaccines and that I give my authorization for Animal Friends Alliance to access my pets records with my veterinarian for verification purposes.

Owner Initial: _____

Please check any medical history that pertains to your pet:

- Diabetes Seizures Heart Conditions: _____ Breathing Difficulties: _____
 Arthritis Visual Impairments Hearing Impairments Orthopedic Issues: _____
 Allergies: _____ Ear Infections Skin Issues/Hair Loss: _____
 Thyroid/Cushing's Disease FIV or Feline Leukemia (cats) Other: _____

Animal Friends Alliance Grooming does not offer Ear Plucking as a service, as we refer to the care of your veterinarian.

Does your pet need a hypoallergenic shampoo? Y N

Current Medication(s): _____

Behavior History

Animal Friends Alliance regularly works with dogs with extreme special needs or behavior issues.

Please help us and your pet succeed by providing clear and honest behavior information.

Please check any that apply:

- Shyness Anxiety Flight Risk Fear of People: _____ Animal Aggression High Prey Drive
 Food Aggression Separation Anxiety Kennel aggressive Noisy Prone to stress related diarrhea
 History of abuse/neglect/puppy mill dog/hoarding: _____
 History of aggressive behavior: _____
 Other: _____

Can your pets be kenneled together: Y N ***We do not kennel dogs from different families together.**

Does your pet need a muzzle for parts of the grooming or vetting process? Y N Don't know

Does your pet have a history of biting? Y N

If yes, please explain: _____

Does your pet have a documented bite through law enforcement? Y N

If yes, please explain: _____

Has your pet been turned away from a previous groomer for behavior issues? Y N

If yes, please explain: _____

Did your veterinarian refer you to Animal Friends Alliance for behavior related grooming issues? Y N

If yes, please explain: _____

Is your pet currently sedated/medicated? Y N Do you plan to do this before every grooming? Y N

What medication and time given: _____

Animal Friends Alliance Grooming may charge additional fees for the handling of extremely special needs or fractious pets and these fees will be applied at our groomers' discretion. These fees will not be used for minor issues or easily manageable biting behavior.