

New Client Form



Contact Information

Full Name:

_____ *Last*

_____ *First*

Address:

_____ *Street Address*

_____ *Apartment/Unit #*

_____ *City*

_____ *State*

_____ *ZIP Code*

Primary Phone: _____

Alternate Phone: _____

E-mail for Specials: _____

How did you hear about us? _____

Pet Information

Pets Name: _____

Breed: _____

Color: _____

Weight: _____

Age: _____

Sex: M or F

Is pet Spayed or Neutered..... Yes -OR- No

Has pet been professionally groomed before?..... Yes -OR- No

Has pet ever shown aggressive behavior or bitten anyone?..... Yes -OR- No

May we use photo of pet on Social Media?..... Yes -OR- No

Is pet current with all necessary vaccinations including Rabies?.... Yes -OR- No Expires: __/__/__

Veterinarian Name: _____

Phone: _____

Health History: CIRCLE ANY KNOWN OR SUSPECTED CONDITIONS BELOW & ADVISE FRONT DESK AT CHECK-IN.

Back Injury

Epilepsy

Heart Condition

Hip Dysplasia

Arthritis

Allergies

Hearing Impairment

Sight Impairment

Asthma

Injuries or Lameness

Other (Please Explain): _____

Disclaimer

In case of an emergency, the owner designates "Happy Tails Pet Spa & Resort" as agent and understands that "Happy Tails Pet Spa & Resort" will do whatever appropriate for the well-being of the pet's health while in their care. Further, if veterinary services are necessary, the owner extends permission for treatment at owner's expense.

According to Florida State Statute, I hereby assume all liability for any injury to the person(s) on the premises of "Happy Tails Pet Spa & Resort", who are in the process of handling or grooming my pet(s), and are injured by such pet(s). I hereby agree to pay for any medical and/or other damages sustained by such person(s) from the biting or behavior of such pet(s). Additionally, I give permission for any emergency care at my expense.

WE CLOSE PROMPTLY AT 5:00 P.M. PICK UP'S AFTER 5 P.M. WILL BE CHARGED \$.50/MINUTE LATE FEE.

Owner/Custodian Signature

Today's Date