

This is Us Pet Care, LLC

PET INTAKE FORM

Name _____ Date _____
Address _____ Emergency contact _____ Phone _____
Phone _____ Pets Name _____

How did you learn about us? _____

****Please answer the questions about your pet below.**

Breed: _____ Age: _____ Weight: _____

Does your pet have any known medical conditions? ☐ Yes _____ ☐ No

Does your pet have any allergies? ☐ Yes _____ ☐ No

Special Needs _____

Updated vaccine records ☐ Yes Date of last rabies vaccine? _____ ☐ No **Service can not be provided without proof of updated vaccines.**
Office Use ONLY ☐ **Proof on File?**

Emergencies: In the event of an emergency, I authorize this establishment to immediately seek professional veterinarian attention for my pet (at my expense). I understand that all attempts will be made to contact me in the event of an emergency.

Coat Condition: I understand that this establishment puts my pet's comfort above all else. In the event that my pet's coat is matted, I understand that the groomer may have to shave the matts out rather than perform a painful dematting procedure. I also understand that if my pet is severely matted, that there is an increased risk for clipper burn or cuts to occur. I understand that all attempts will be made to prevent this, however in many extreme matt conditions, it is unavoidable. I also understand that matted pets take additional time to groom so there will be an additional fee added on to the regular grooming price if my pet's coat is matted.

Health: I understand that grooming can be stressful to some pets and I will inform the groomer if my pet has any heart conditions or any stress related issues prior to grooming. I also understand that it is necessary to have my pet up to date on all vaccinations prior to every grooming.

Cancellation Policy: I understand that if I need to change my appointment time or cancel it, that I must give at least a 24 hour notice so that the appointment time can be made available to another client who is on the waiting list. If two appointments are missed without giving notice, client's are then required to pre-pay prior to scheduling any future appointments.

Signature _____

Date _____