



## Client Information Form – Please Print

Owners Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

May we contact you via email periodically about Special Promotions? YES/NO

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Male/ Female Spayed/Neutered: YES/NO Weight: \_\_\_\_\_ lbs.

Age: \_\_\_\_\_ Date of Birth: (Month/Year) \_\_\_\_\_ / \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone: ( ) \_\_\_\_\_

Type of Flea Prevention Used: \_\_\_\_\_

Type of Food: \_\_\_\_\_

Has your pet ever been professionally groomed previously? YES/NO

Please note, if we identify fleas or ticks while grooming your pet, we will administer a treatment and the charge will be added to your services.

***In the case of an emergency, do you authorize Red Hydrant Pet Spa and Boutique to transport your pet to a licensed Veterinarian for Immediate Medical treatment at your expense?***

YES/NO \_\_\_\_\_

Signature and Date

We **REQUIRE** written proof of current Rabies Vaccination. Without current vaccine, we will not be able to provide services. Please be prepared to provide us with a copy of your pets' vaccination records. Although not required, we also encourage Bordatella vaccination.

*Please bring this form with you on your first visit to the Spa or for faster service, feel free to FAX it to us at 813-388-6808.*