



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.