

Pet Grooming Intake & Consent

Client and pet intake form with vaccination verification and grooming consent for pet grooming services

Client Information

First Name *

Last Name *

Email Address *

Phone Number *

Date of Birth *

MM / DD / YYYY

Pet Information

Pet's Name *

Species *

☐ Dog ☐ Cat ☐ Other

Breed *

Age *

Approximate Weight (lbs) *

Sex *

☐ Male (Intact) ☐ Male (Neutered) ☐ Female (Intact)
☐ Female (Spayed)

Color/Markings

Vaccination Verification

Vaccination Requirement: All pets must have current vaccinations to receive grooming services. Please provide proof of vaccination at check-in. Required vaccines: Rabies, DHPP/FVRCP (core vaccines), and Bordetella (kennel cough) for dogs.

Rabies vaccination is current *

☐ Yes ☐ No

Core vaccines are current (DHPP for dogs, FVRCP for cats) *

☐ Yes ☐ No

Bordetella (kennel cough) is current (dogs only)

☐ Yes ☐ No ☐ N/A — Cat

Veterinarian Name *

Veterinarian Phone *

Pet Health & Behavior

Does your pet have any of the following?

- | | | |
|--|---|---|
| ☐ Skin allergies or sensitivities | ☐ History of ear infections | ☐ Seizure disorder |
| ☐ Arthritis or joint problems | ☐ Heart condition | ☐ Eye condition or blindness |
| ☐ Diabetes | ☐ Anxiety or fear aggression | ☐ Previous injuries or surgeries |
| ☐ None of the above | | |

Please provide details for any conditions checked above

How does your pet typically behave during grooming?

- | | |
|---|---|
| ☐ Calm and cooperative | ☐ Nervous but manageable |
| ☐ Wiggly and excitable | ☐ Fearful (may cower or try to hide) |
| ☐ Has shown aggression (biting/snapping) | ☐ First time being groomed |

Has your pet ever bitten or attempted to bite a groomer, vet, or person? *

☐ Yes ☐ No

Requested Services

Services Requested *

- | | | |
|--|--|---|
| ☐ Bath & Brush Out | ☐ Full Groom (Bath, Haircut, Nails) | ☐ Nail Trim Only |
| ☐ Nail Grinding | ☐ Ear Cleaning | ☐ Teeth Brushing |
| ☐ De-Shedding Treatment | ☐ Flea & Tick Bath | ☐ Medicated Bath |
| ☐ Sanitary Trim | ☐ Face/Feet Trim | |

Special Instructions / Style Preferences

Grooming Consent & Waiver

Consent & Waiver:

1. I understand that grooming can be stressful for some pets and that despite every precaution, scratches, nicks, or minor injuries may occasionally occur.
2. I authorize the groomer to use their professional judgment regarding my pet's grooming, including adjustments to the requested style if the coat condition requires it.
3. If my pet is found to have fleas, ticks, or parasites, I authorize a flea bath at an additional charge.
4. If my pet exhibits aggressive behavior that poses a safety risk, the groomer reserves the right to stop the grooming session. I will be responsible for any charges incurred up to that point.
5. I understand that severely matted coats may require a shave-down and that this carries additional risks (see Matted Coat Waiver if applicable).
6. I authorize the groomer to contact my veterinarian in case of a medical emergency.
7. I release the grooming facility and its staff from liability for any injury, illness, or reaction that may occur during or after grooming.

I have read the grooming consent and waiver in its entirety and agree to its terms.

I have read and agree to the grooming consent and waiver: _____

Consent & Signature

I confirm that all information provided is accurate. I consent to the grooming services described above and accept the terms of the grooming consent and waiver. I authorize the groomer to use professional judgment and to seek veterinary care in an emergency.

I confirm I have read and understood the above information and give my informed consent.

I have read and understand the above information: _____

Signature

Date

Print name

Date *

MM / DD / YYYY

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