



WAGS 'N WHISKERS  
comprehensive pet care

## WAGS SALON: GROOMING

### OFFICE USE ONLY:

Date: / /      Expiration date: / /

Signature: \_\_\_\_\_

### PET AND OWNER INFORMATION:

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Spayed/Neutered: Yes / No      *\*Please note that all dogs six months or older must be spayed/neutered to attend daycare.*

Owner's First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Contact Method: Call \_\_\_\_\_ Text \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (OTHER THAN OWNER):

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have your pet's vaccination records?** Yes / No      If no, please provide veterinarian's contact information:

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Please note, vaccination records are required for all dogs in daycare.*

If my pet gets sick during stay: Call me \_\_\_\_ Text me \_\_\_\_ Call emergency contact \_\_\_\_ Call Wags on-call vet \_\_\_\_

Does your pet have health concerns? Yes / No Explain: \_\_\_\_\_

Does your pet have any allergies? Yes / No Explain: \_\_\_\_\_

List any restrictions we should place on your dog's activities: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: / /