



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: / /