



WAGS SALON: GROOMING

WAGS 'N WHISKERS
comprehensive pet care

PET AND OWNER INFORMATION:

Pet Name: _____ Breed: _____ Age: _____

Spayed/Neutered: Yes / No Color: _____ Weight: _____

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: _____

Please provide your vet clinic's name and phone number.

Veterinarian's Name: _____ Phone: _____

**Please note, vaccination records are required for all dogs to enter the facility. If not up to date on rabies, bordetella, and DHPP, pets will be taken to Wags' on-call vet at owner's expense.*

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: / /