

Prestige Pet Concierge

GROOMING & WASHING REGISTRATION FORM

OWNER INFORMATION

Name:

Cell Phone:

Work Phone:

Apt #:

Email:

Address:

City/ State:

ZIP Code:

Reminder: Text / Email

DOG INFORMATION

Dog's Name:

Pre-existing (medical) conditions:

Male or Female?:

Birthdate:

Age:

Spayed/ Neutered?: **Y N**

Color:

Breed:

Weight:

Temperament/ Aggression:

ADDITIONAL DOG INFORMATION

Dog's Name:

Pre-existing (medical) conditions:

Male or Female?:

Birthdate:

Age:

Spayed/ Neutered?: **Y N**

Color:

Breed:

Weight:

Temperament/ Aggression:

VET CONTACT

Veterinarian & Clinic:

Address:

Phone:

Date of Last Visit: / / 2015

Last Visit For:

Pet Insurance:

Current Vaccinations:

EMERGENCY CONTRACTS

Name 1:

Phone:

Name 2:

Phone:

CREDIT CARD INFORMATION

Cardholder Name:

Card No.:

(Circle) **Visa MC Amex**

Expiration Date:

Billing Address:

City / State:

ZIP Code:

Cardholder Signature:

SIGNATURES

I authorize the verification of the information provided on this form as to my credit card, dog's health/ temperament and am up to date with all current vaccinations. I will provide proof of vaccinations.

Signature:

Date: