



New Client Information Form

First Name		Last Name	
Street Address			
City		State	Zip
Mobile Phone	Is it OK to Text	Home Phone	Work Phone
Email Address			
How did you hear about us?			
<input type="checkbox"/> Google		<input type="checkbox"/> Billboard	
<input type="checkbox"/> Drive by		<input type="checkbox"/> Other - please list	
<input type="checkbox"/> Friend (Provide a name and they get a discount on next visit)		<input type="checkbox"/> Social Media	
		<input type="checkbox"/> Radio	

Pet Information

Pet Name	Breed	Type (Dog or Cat)
Gender	Spayed/Neutered (Y/N):	Weight
Birthdate	Color/Markings:	

Health & Grooming History

	Yes	No	Yes	No
Blind			Sensitive Skin	
Diabetic			Heart Condition	
Allergies			Musculoskeletal Issues	
Deaf			Wart/Moles/Skin Tags	
Epileptic			Other	

Pet Attributes

Please select all that applies (at least 1 per category)

Attributes <input type="checkbox"/> Jumper <input type="checkbox"/> Protective <input type="checkbox"/> Mouthy <input type="checkbox"/> Fears loud noises <input type="checkbox"/> Kennel Trained <input type="checkbox"/> Leash Trained	Personality <input type="checkbox"/> Energetic <input type="checkbox"/> Timid <input type="checkbox"/> Affectionate <input type="checkbox"/> Aggressive <input type="checkbox"/> Playful <input type="checkbox"/> Independent	Behavior <input type="checkbox"/> May/Will Bite <input type="checkbox"/> Growls <input type="checkbox"/> Snaps <input type="checkbox"/> Shows Teeth <input type="checkbox"/> Trembles <input type="checkbox"/> Perfect Angel	Explain: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Is your pet comfortable in a kennel? (Y/N) If no, explain: _____

Does your pet show signs of separation anxiety? _____

Has your pet ever bitten a person? If yes, explain: _____

Has your pet ever attacked another animal? If yes, explain: _____

Has your pet ever been attacked by another animal? If yes, explain: _____

Are you okay with your dog being in play area with other animals? (Y/N)

Emergency Contact

Someone we can release the dog to in the event you cannot pick up your pet

Name	Phone	Relationship
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Veterinarian Information

Business Name	Vet Name	Phone Number
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Grooming Preferences

	Yes	No		Yes	No
Has pet been professionally groomed before?			May we give your pet treats?		
Does your pet have any sensitivities we need to be aware of?			Would you like a cologne/perfume spritzed on		
Is your pet scared of the dryer?			Does your pet have any other grooming issue we should be aware of?		
Epileptic					

Explanations of any above: _____

How often do you have your pet groomed?

- Weekly
- Bi-weekly
- Monthly
- Bi-Monthly
- Within 6 months
- Yearly

Is your pet susceptible to any

- Ear Infections
- Skin Redness
- Itchy/Dry Skin
- Brittle Nails
- Hot Spots

Do you prefer a certain type of shampoo out of the

- All-purpose (Deep cleaning)
- Hypo-allergenic
- FURminator +15
- Medicated
- Oatmeal

The sPaw does not sell or release any personal information on owners or their pets, unless requested.



If you approve the use of photos for social media events/postings/release, please sign below.

The owner is never "tagged" or identified by name. If a photos is used, The sPaw may simply use the pet's first name with the image.

Signature: _____

Date: _____