



Grooming Questionnaire

Date: _____

Client Name: _____ Phone#: _____

Address: _____

City, State, Zip: _____ Email Address: _____

Dog's Name: _____ Breed/Mix: _____

Age: _____ Date of Birth: _____ Sex: _____

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Does your dog have any medical conditions/injuries/allergies/physical limitations? Yes No
If yes, please describe: __

Can we offer your pet treats? Yes No

Would you like a bow or bandana with each groom? Bow Bandana Either None

CATS ONLY: Tell us about your feline's claws: Fully Equipped Back Claws Only None

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Has your pet been groomed before? Yes No
If so, where? Any Issues? __

Are there any behavioral issues or concerns? (Ex: biting, nipping, cage aggression, scratching, dog aggression, fearful, people aggression, sensitivity to specific body areas - does not like feet trimmed)
__

Does your pet allow grooming maintenance at home? Yes No
Please Describe: __

Why have you chosen BloomingPaws for your grooming needs?
__

Signature of Owner: _____ Date: _____