

Ruffin' Around Resort & Day Spa

Grooming Registration

Owner Information

Name _____ Spouse Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse Cell _____ Email _____

How did you hear of us? _____

How can we reach you during your pet's grooming appointment? _____

In the event you or your spouse can not be reached in an emergency, please list someone we may contact who is authorized to make decisions concerning your pet's care and/or pick them up:

Emergency Contact: Name _____ Relationship _____

Best Phone Number To Reach Them _____ Email _____

Veterinarian Information

Hospital Name _____ Doctor's Name _____

Address _____ Phone _____

Pet Information

Name _____ Breed _____

Color _____ Birth Date _____

Current Weight: _____ Sex: Male Female Spayed/Neutered: Yes No

To ensure the safety of all involved, please indicate any of the following that apply to your pet:

Poor Eyesight Hearing Loss Breathing Difficulties Heart Problem Allergies Epilepsy

Warts/Growths/Scabs Hip Issues Leg Issues Back Issues Tail Issues Paw Sensitivity

Nail Trim Intolerance Issues With Being Picked Up Fear of Blow Dryer/ Loud Noises Cage Fear

Dog Aggressive Human Aggression Biting (May need to be muzzled)

Any other concerns: _____

May we provide your pet with a towel to lay on during their groom? Yes No

May we give your pet treats? Yes No

