Dog Grooming Client Intake Form

HonestMarginCo

Owner

Name _____ Phone _____

Email _____ Address _____

Emergency contact _____ Emergency phone _____

Dog

Name _____ Breed _____ Age _____ Weight _____

Sex _____ Spayed / neutered _____ Colour _____ Last groom _____

Vet and vaccines

Vet clinic _____ Vet phone _____

Rabies expiry _____ Other vaccines _____

Health and behaviour

Any skin conditions, allergies or hot spots?	☐ Yes	☐ No
Any medical conditions, past injuries or surgery?	☐ Yes	☐ No
On any medication?	☐ Yes	☐ No
Nervous about dryers, clippers or nail trims?	☐ Yes	☐ No
Has your dog ever bitten or snapped?	☐ Yes	☐ No
Sensitive about any area (ears, paws, tail)?	☐ Yes	☐ No

Details _____

Grooming preferences

☐ Full groom ☐ Puppy groom ☐ Ears cleaned ☐ De-shed

☐ Bath and tidy ☐ Nails ☐ Teeth brushed ☐ Bandana / bow

Style and length _____

Anything else we should know _____

I confirm the information above is correct and will tell the groomer about any changes.

Owner signature _____ Date _____