

New Client _____ Returning Client _____

Appointment Request Form

Client Name _____ Client's Phone _____
Pet(s) Name _____ Age _____ Pet(s) Name _____ Age _____
Address _____
City _____ Zip _____

Which day of the week would you prefer your appointment to be scheduled?
Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Please indicate 1st and 2nd choice of days

Indicate the time you would prefer your appointment to be scheduled. The times available are my approximate arrival times.

AM 8:30 –9:00 _____ 10:30-11:00 _____
PM 12:30 –1:00 _____ 2:30-3:30 _____

How many weeks in between groomings would you prefer?
_____ weeks

For the well being of your pet and my own safety, please indicate below any conditions your pet(s) may exhibit that could affect the grooming experience for your pet.

Does your pet have allergies to any shampoos or foods? No _____ Yes _____ if yes, please explain _____

Please indicate if your pet has health conditions I should know about or medications it is currently taking. _____

Has your pet ever been known to get anxious or display aggressive behavior while being groomed? No _____ Yes _____ if yes, please explain _____

Has a groomer ever refused to groom your pet?
No _____ Yes _____ if yes, explain why _____

Please return this completed form to: Donna's Pet Grooming, P.O. Box 536
Hayward, Ca 94543

You may also download this form on my website: www.donnaspetgrooming.com