



NEW GROOMING CLIENT FORM

PET PARENT AND GENERAL INFORMATION PROFILE

Pet parent name(s):			
Address:			
Mobile Phone:	Home Phone:	Work Phone:	
Email Address(es):			
How would you prefer to receive reminders and notifications?	CHOOSE ONE:	By Email	By Text By Phone
How did you hear about Loyl's? If referral, who?			
Would you like to join our monthly newsletter?	CHOOSE ONE:	Of Course	No thanks I'll subscribe later

VETERINARIAN'S PROFILE

Vet's name:			
Vet's Address:			
Vet's Phone:	Vet's Fax:		

EMERGENCY CONTACT + GUEST PROFILE (SOMEONE OTHER THAN PET PARENT OR CO-PET PARENT)

Name:			
Mobile Phone:	Work Phone:		
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Is anyone else authorized to drop-off or pick-up your pet?	CHOOSE ONE:	Yes	No
Name:	Phone:		

PET PROFILE

Pet's Name:		Sex of pet:		
Breed/Mix:		Approx Weight:		
Spayed/Neutered?	Yes	No	DOB or Birth Year:	

DIETARY PROFILE

Does your pet have any food allergies?	Yes	No	IF YES, PLEASE LIST ALL ALLERGIES BELOW.
Food allergies:			
Can treats be given to your pet during grooming to reward/encourage desired behavior?	Yes	No	Maybe
If Maybe, please elaborate:			

MEDICAL PROFILE

Does your pet have any other allergies (e.g. medicine, etc.)?	Yes	No	PLEASE LIST ALL ALLERGIES BELOW.
Non-food allergies:			
Does your pet have any medical conditions?	Yes	No	PLEASE LIST CONDITIONS BELOW.
Medical conditions:			
Is your pet currently on any medications?	Yes	No	LIST ALL MEDICATIONS BELOW.
List of Medications:			
Does your pet have any sensitive areas?	Yes	No	PLEASE LIST ALL SENSITIVE AREAS BELOW.
Sensitive Areas:			
Is your pet on a heartworm preventative?	Yes	No	Product:
Is our pet on a flea and tick preventative?	Yes	No	Product:

FLEA / TICK POLICY: If your pet has any signs of either fleas or ticks, Loyl's will administer a flea/tick bath to eradicate the fleas/ticks in order to maintain groomery sanitation. This is at the groomer's discretion and at the pet parent's expense. Pet parent understands an additional fee will be charged at check-out.

GROOMING PROFILE

Is your pet sensitive to any grooming procedures (e.g. ear cleaning, nail trimming, etc.)?	Yes	No
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Procedure:	
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Does your pet become uncomfortable, aggressive, and/or scared during the grooming process?	Yes	No
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What's the trigger?	
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_____ Initial:	Pet parent is aware that if pet does not respond to the groomer and remain still during grooming procedures that accidents can happen such as nicks from clippers or nail trimmers.
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_____ Initial:	Pet parent assumes all liabilities, financial and otherwise, for the behavior and health of pet while in Loyl's custody.
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_____ Initial:	Loyl's will be held harmless from damages, loss, or claims arising from any known or unknown pre-existing conditions of pet.
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_____ Initial:	Loyl's reserves the right to alter or cease any groom in the event that our staff determines it is in the best interests of your pet or your pet displays aggressive behavior.
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_____ Initial:	Pet parent authorizes Loyl's to act as his/her agent in the event emergency veterinarian services are necessary and pet parent agrees to pay all costs. Pet parent assumes full responsibility for veterinary services rendered and authorizes Loyl's to approve veterinary treatment up to \$_____. Pet parent understands and agrees that any problem, illness, or injury that develops with pet(s) will be treated and handled by Loyl's in a manner which in its sole discretion it deems to be in the best interest of the pet(s). If pet(s) becomes ill or injured, pet parent understands that Loyl's will transport pet to the veterinary care facility named above or the closest available veterinarian. In the event of any problem, illness, or injury, pet parent understands Loyl's will make every effort to notify pet parent of the problem, illness, or injury and medical treatment. Pet parent understands that Loyl's cannot be held responsible for the results of the veterinary treatment or loss of pet. Pet parent understands that it is his/her responsibility to update veterinarian office and contact information.
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VACCINATION PROFILE

_____ Initial:	Your pet's health and safety are a priority and core value at Loyl's. All pets MUST have current veterinary vaccination records for rabies, DHPP, and bordetella on file BEFORE any services can be performed. Pet parents who do not timely provide proof of vaccinations for their pet(s) will need to reschedule their pet's appointment. Please attach vaccination records to new grooming client form or you can email them to groomery@loyls.com in advance of appointment.
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Pet Parent Printed Name			
Pet Parent Signature		Signature Date	