

Signature: ___

New Client Grooming Information

9540 Dublin Road Powell, Ohio 43065 (PH) 614.389.6455 (FAX) 614.389.6508 www.shawneehillsvet.com

weicome:							
Owner's Name:			Alternate Owner's Name:				
Address:				Zip Cod	e:		
Primary Phone:			Home or Cell?	County	:		
Secondary Phone: Primary Email Address:	Home or Cell?			OK to use photo? □ YES □ NO			
Preferred way t	o be contacted about your	pet's appoir	itment(s) or care	e? 🗆 Ph	one 🗆	E-mail 🗆	Text
Check all that apply (freebies)	☐ Ear Bows ☐ Top Knot	Bow(s) 🗆 C	ollar Bow 🛭 Ba	ndana 🗆	Cologne	e □ No Fre	ebies
Pet's Name:		Birthday o Age:	1		Color:		
Breed:		Gender:	Male □ Femal	e 🗆 Spa	yed/Neu	itered 🗆 Ui	naltere
Current veterina	rian & phone #:						
How did you hear	r about us?						
wnderstand and Vaccine for DA ₂ PP, Rabies and Oral Bordete vaccinated for FV their pet(s) prior not current and v Flea pr while here, a flea Safety: for consent befor right to turn away Service gland expression Guaran manager and/or	the following requirements agree to comply with our gests: All grooming patients musts, Bordetella, and Influenza. Tella is protective for 6-months are and Rabies. It is the own to or at the time of the appoint or at the time of the appoint or at the time of the appoint of th	trooming poor to be up-to-dathe Intranasa and must the ser's responsion the et's appointring patients the dat the own pets may need at the own pet	tte on required vall Bordetella vaccinerefore be given e bility to provide e is evidence is not ment. To be on a flea previer's expense. The day of the best of the sedated best of the sedated best a physical examafely. The ears cleaned, truested when your agroom, a complast are rendered. The	ccinations he is protectively 6 more evidence of provided, wentative. It is a by the verimmed & spet is admint must bere are no	Dogs metrive for nths to go four rent we will a ming. We terinariant for the filed we refunds	ust be vaccing 1 year. Injects froom. Cats recome states assume the pare found on a second with the office on grooming.	nated ctable nust be tus for pet(s) is a pet ct you ve the Anal
	<u>nt:</u> Full payment is required a nsh and Check (with driver's l			d. We acce	ept Visa,	MasterCard,	,

Date:_