

Date: _____

Client Cat Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Subdivision Name: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Emergency Contact Name and information: _____

Do you live in a gated community? Y/N If so, how is the stylist to access it? _____

Are there any restricted parking areas? Y/N If so, please provide parking information: _____

Where will your pet be located if you are not home? _____

If no one will be home, MetroHound requires all pets to be in a secured, enclosed location where the stylist can easily access them

May we post your cat's picture on our website, social media or review sites? Y / N

How did you hear about our service? _____

If by referral, who can we thank? _____

Cat Information

Cat's name: _____ Gender: _____ Weight: _____

Color: _____ Is your cat long or short haired? _____

Age: _____ Birthday: _____ Breed: _____

Is your cat declawed? Y / N If so, which paws? _____

Have you ever used soft claws before? _____

Is your cat indoor only, outdoor/indoor or outdoor only? _____

MetroHound requires all cats to be in a carrier from the home to the salon. Please let us know if you would like us to provide a carrier **BEFORE** our visit

What veterinarian clinic do you use? _____

Doctor name: _____ Phone Number: _____

Date of last rabies vaccination: _____

Flea and tick preventative? Y / N

Please list brand(s) of flea+tick preventives: _____

MetroHound reserves the right to treat your pet with **CAPSTAR** if signs of fleas are found on your pet before, during or after grooming. Your pet will also receive a flea bath which will incur additional charges

Is your cat currently taking medications? Y / N If so, please list the medications and the reasons for taking them: _____

Does your cat have any current or past medical conditions we should know about? Y / N

If so, please list the medical conditions: _____

Does your cat have allergies? Y / N If so, please list them: _____

Please list any injuries, sore spots, moles, warts or lesions that we need to be aware of:

Does your cat get frightened by certain situations? Y / N If so, please explain: _____

Has there ever been any part of the styling process your cat was not fond of? Y / N If so, please explain: _____

Has your cat ever bitten anyone? Y / N If so, please tell us what happened: _____

Is your cat blind or deaf? _____

Grooming Information

Is this your first mobile salon experience? Y / N

If no, what did you like about your previous experience? What would you change? _____

How do you like your cat styled? _____

******Metro Hound requires the pet to receive a comfort clip when excessive matting is present******

Signature: _____ Date: _____