

Date: \_\_\_\_\_

## Client Dog 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 dog'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? \_\_\_\_\_

## Dog Information

Dog's name: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Color: \_\_\_\_\_ Breed: \_\_\_\_\_ Spayed / Neutered? Y / N

Age: \_\_\_\_\_ When is your dog's birthday? \_\_\_\_\_

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 dog currently taking medications? Y / N If so, please list the medications and the reasons for taking them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

If so, please list the medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog 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:

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Does your dog get frightened by certain situations? Y / N If so, please explain: \_\_\_\_\_

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

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Has your dog ever bitten anyone? Y / N If so, please tell us what happened: \_\_\_\_\_

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Is your dog blind or deaf? \_\_\_\_\_

Would you like us to walk your dog before or after the styling session? Y / N

If so, where would you like us to walk your dog? \_\_\_\_\_

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Where is the waste disposal area? \_\_\_\_\_

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## 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? \_\_\_\_\_

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How do you like your dog styled? \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_