



GETTING TO KNOW YOU

Owner's Name(s): _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____ TEXTS? Y N

Home Phone: _____ Work Phone: _____

Pet Name: _____ Breed: _____

Age of Pet: _____ Spayed/Neutered Yes No

Emergency Contact: _____

Vaccines up to date? Yes No If no, vet name and number: _____

Medical Conditions:

Has your dog ever bitten? Yes No

Has your dog ever been aggressive with other dogs? Yes No

Grooming instructions: (To be filled out with stylist)

Preferred Payment Type: _____ Cash _____ Check

Signature of Pet Owner

Signature of Opal Ridge Staff Member