

CAMP K-9 GROOMING APPLICATION

How Did you Hear About Camp K-9's Grooming Services? _____

Your Name: _____ Spouse/Additional Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____ Cell: () _____ - _____

Email Address: _____

Spouse/Additional Owner's Cell: () _____ - _____ Spouse/Additional Owner Email Address: _____

If we can't get in touch with you or your spouse/additional owner who can we call?

Name: _____ Relationship: _____

Home Phone () _____ - _____ Work Phone () _____ - _____

If you can't be here to pick up your dog, who is authorized to pick him/her up?

Name: _____ Name: _____

VETERINARIAN INFORMATION:

Name: _____ Phone () _____ - _____

Address: _____ City, _____ State, _____ Zip, _____

What brand of Flea and Tick Preventative used: _____ How often: _____

Brand of Heartworm used: _____ How often: _____

PET INFORMATION

Name: _____ Sex: M / F Spayed/Neutered Y / N Age: _____

Birthday: _____ Breed: _____ Color: _____ Weight: _____

Has your Dog ever been Groomed before? _____ If yes where? _____