

Petite Pet Gallery

CLIENT INFORMATION

Please Print:

Date: ____/____/2020

Owner's Name: _____ **Guardian's Name:** _____

E-Mail Address: _____

Home Address: _____

City/State: _____ **Zip:** _____

Owner's
Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Guardian's
Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Pet Information:

➤ Pet's Name: _____ Dog ☐ Cat ☐ Other: _____ Breed: _____

Sex: Male ☐ /Female ☐ Age: _____ Color: _____ Spayed/Neutered Yes ☐ No ☐

➤ Pet's Name: _____ Dog ☐ Cat ☐ Other: _____ Breed: _____

Sex: Male ☐ /Female ☐ Age: _____ Color: _____ Spayed/Neutered Yes ☐ No ☐

➤ Pet's Name: _____ Dog ☐ Cat ☐ Other: _____ Breed: _____

Sex: Male ☐ /Female ☐ Age: _____ Color: _____ Spayed/Neutered Yes ☐ No ☐

➤ Pet's Name: _____ Dog ☐ Cat ☐ Other: _____ Breed: _____

Sex: Male ☐ /Female ☐ Age: _____ Color: _____ Spayed/Neutered Yes ☐ No ☐

Please check if your pet(s) has had the following preventative health care services within the last year

Please answer the following:

Do you or your pet have sensitivity to fragrances and perfumes: Yes ☐ No ☐

Is your pet currently receiving medication(s) for: Epilepsy ☐ Diabetes ☐ Renal Failure ☐ Hyper/Hypothyroidism ☐

Cushing's ☐ Cancer ☐ Heart Disease ☐ or Other: _____

Does your pet have any ongoing medical condition(s)? _____

Does your pet have Allergies/Skin allergies? _____

Does your pet have mobility issues? _____

Does your pet have any issues we should be made aware of? _____

Does your pet bite or bitten anyone with the past 8 weeks? Yes ☐ No ☐

How did you become aware of our services?:

Sign ☐ Driving by ☐ Event ☐ Internet Search: _____ Friend/Relative: _____

I understand all payments must be made when services are rendered or deposit made before services are rendered. Accepted methods of payment include Cash, Discover, Visa, Mastercard and American Express. An estimate can and will be prepared upon my request.

Signature of Owner or Authorized Guardian

CONFIDENTIAL