

**CLIENT INFORMATION**

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SPOUSE NAME

FIRST NAME

LAST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL NUMBER

SPOUSE CELL NUMBER NAME

HOME NUMBER NAME

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ADDRESS

STATE

ZIP

CITY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS

**VETERINARY INFORMATION**

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CLINIC/HOSPITAL NAME

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FAX

PHONE

**VACCINE PROTOCOL**

YOUR PET’S HEALTH AND SAFETY ARE A PRIORITY AT HOUSE OF PAWS DOGGIE DAY SPA. ALL PETS ***MUST*** HAVE CURRENT VETERINARY VACCINATION RECORDS FOR ***RABIES ONLY***  ON FILE ***BEFORE*** ANY SERVICES CAN BE PERFORMED.PET PARENTS WHO DO NOT TIMELY PROVIDE PROOF OF VACCINATIONS FOR THEIR PET(S) WILL NEED TO RESCHEDULE THEIR PET’S APPOINTMENT. PLEASE BRING VACCINATION RECORDS WITH YOU WHEN DROPPING YOUR PET OFF OR YOU CAN E-MAIL THEM TO US AT [HOUSEOFPAWSDOGGIEDAYSPA@GMAIL.COM](mailto:HOUSEOFPAWSDOGGIEDAYSPA@GMAIL.COM) OR FAX THEM TO 469-362-8285 IN ADVANCE OF APPOINTMENT.

INITIAL

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**FLEA & TICK POLICY**

IF YOUR PET HAS ANY SIGNS OF EITHER FLEAS OR TICKS, HOUSE OF PAWS DOGGIE DAY SPA WILL GIVE YOUR PET A FLEA BATH IN ORDER TO MAINTAIN GROOMERY SANITATION. THIS IS AT THE GROOMERS DISCRETION AND AT THE PET PARENT’S EXPENSE. PET PARENT UNDERSTANDS AN ADDITIONAL FEE WILL BE CHARGED AT CHECK-OUT. \_\_\_\_\_\_\_\_\_\_\_

INITIAL

**PAYMENT**

PAYMENT IS DUE AT TIME OF PICK-UP. WE DO NOT OFFER ANY FORM OF BILLING. WE ACCEPT CASH, VISA, MASTERCARD, AND DISCOVER. \_\_\_\_\_\_\_\_\_\_\_

INITIAL

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SIGNATURE

DATE

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PRINT NAME