



## CoPAW Cabana Grooming Client Form

### Client Information:

Owner/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Pet Information:

Pet 1: \_\_\_\_\_ / Pet 2: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ / Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M  F  / DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ M  F

Spayed/Neutered Y  N  / Spayed/Neutered: Y  N

### Vet Information:

Name: \_\_\_\_\_ Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact (other than vet):

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?: \_\_\_\_\_

As owner of the above said pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my pet.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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