



Dog and Owner Information – Grooming Enrollment

Owners Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Dogs Name: _____

Birthdate or approx age: _____

Sex: M F Spayed/Neutered: Y N

Breed: _____

Any Concerns: _____

Are you interested in Training or Daycare? _____

What dog related services interest you? _____

Is your pet current on vaccinations: Y N Proof of rabies vaccination will be required

Veterinarian: _____

Veterinarian phone: _____

How did you hear about Blue Collar? Referral / Website / Social Media / Advertisement / Other

If referral, who gets credit? _____

Dog's personality: Is your dog...

Friendly to people	_____	Aggressive to people	_____
Friendly to other dogs	_____	Aggressive to other dogs	_____
Overly shy/nervous around people	_____	Overly shy/nervous around other dogs	_____
Jump on people	_____	Use mouth play	_____
Bark frequently	_____	Lick frequently	_____
Snap	_____	Bite	_____
Pull on leash	_____	Food aggressive	_____

Medical and Health Advisories:

Chronic ear infections	_____	Skin allergies	_____
Hypo-Allergenic products only	_____	Other	_____

Print Name: _____ Date: _____

Signature: _____