

**Wag Dog Grooming  
Dog and Owner records**

Owner Information

Name:

Phone numbers:      Home:  
                                 Cell/Other:  
                                 Email:

Address:

Mailing Address (if different):

Name(s) and phone number(s) of family and/or friends who are authorized to make decisions or pick-up your dog, in case of emergency:

Pet Information

Name:

Breed:

Birth date or (approximate) age:

Veterinarian (or name of office/hospital/clinic):

Does your pet have any medical conditions?	Yes	No
Does your pet have special dietary requirements?	Yes	No
Has your pet ever been professionally groomed?	Yes	No

Please use this space to explain any medical or dietary issues:

Do you have any concerns about your pet that we should be aware of? (For example; aggression toward other dogs, dislikes being in a crate, this is a new pet, etc.)

By signing below, owner acknowledges that Wag Grooming may take pictures of dog that may appear in literature, website and/or advertising. Wag will never give any of the above information to any other person or business, except by owner agreement.

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Owner signature

Date