



Welcome to ShamPooches



Owner(s) Information:

Name: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail: _____ How did you hear about us? _____
 Current Vet Clinic: _____ Vet's Number: _____

#1 Pet Information

Pet Name: _____ Breed: _____
 Color: _____ Sex: _____ Spayed / Neutered: Yes _____ No _____
 Date of Birth: (approx): _____ Age: _____ Weight: (approx) _____
 Date of last vaccinations: (including rabies) _____
 Has your pet had any of the following conditions within the last 30 days? Fleas ___ Mites ___ Diarrhea ___
 Does your pet have allergies? Yes ___ No ___ If yes, what are they? _____
 Does your pet have any health-related issues? Yes ___ No ___ If yes, what are they? _____
 Is there any area that your pet does not like to be touched? Yes ___ No ___ If yes, where? _____
 Please circle all that apply: Scared of Blow Dryer Sensitive Skin Shy / Timid Hyper / Excitable
 Aggressive with other animals Aggressive with people Bites Barks

#2 Pet Information

Pet Name: _____ Breed: _____
 Color: _____ Sex: _____ Spayed / Neutered: Yes _____ No _____
 Date of Birth: (approx): _____ Age: _____ Weight: (approx) _____
 Date of last vaccinations: (including rabies) _____
 Has your pet had any of the following conditions within the last 30 days? Fleas ___ Mites ___ Diarrhea ___
 Does your pet have allergies? Yes ___ No ___ If yes, what are they? _____
 Does your pet have any health-related issues? Yes ___ No ___ If yes, what are they? _____
 Is there any area that your pet does not like to be touched? Yes ___ No ___ If yes, where? _____
 Please circle all that apply: Scared of Blow Dryer Sensitive Skin Shy / Timid Hyper / Excitable
 Aggressive with other animals Aggressive with people Bites Barks