

Southpaw Pet Salon, LLC
Client Information

Owner

Name: _____ Primary Phone: _____
Address: _____ Alternate Phone: _____
_____ eMail Address: _____
Scheduling frequency: _____

Dog

(Please list additional dogs on reverse side)

Breed: _____ Color: _____
Name: _____ Approximate Weight: _____
Gender: _____ Birth Date or Age : _____

Would you like to see your pet's picture on Southpaw's website or brochures? _____

How did you hear about Southpaw Pet Salon? _____

Medical

Name of Veterinary Practice: _____

Does your dog have any medical issues?

Food, skin or other allergies	_____	Cushing's disease	_____
Moles or skin tags	_____	Heart condition	_____
Arthritis	_____	Collapsing trachea	_____
Blind or Deaf	_____	Chronic ear infections	_____
Diabetes	_____	Other	_____

Additional information if necessary: _____

Dog #2

Breed: _____ Color: _____
Name: _____ Approximate Weight: _____
Gender: _____ Birth Date or Age : _____

Medical

Does your dog have any medical issues?

Food, skin or other allergies	_____	Cushing's disease	_____
Moles or skin tags	_____	Heart condition	_____
Arthritis	_____	Collapsing trachea	_____
Blind or Deaf	_____	Chronic ear infections	_____
Diabetes	_____	Other	_____

Additional information if necessary: _____

Dog #3

Breed: _____ Color: _____
Name: _____ Approximate Weight: _____
Gender: _____ Birth Date or Age : _____

Medical

Does your dog have any medical issues?

Food, skin or other allergies	_____	Cushing's disease	_____
Moles or skin tags	_____	Heart condition	_____
Arthritis	_____	Collapsing trachea	_____
Blind or Deaf	_____	Chronic ear infections	_____
Diabetes	_____	Other	_____

Additional information if necessary: _____

