



CLASSIC GROOMING UPDATE PET VET AND VACCINATIONS FORM

CLIENT INFORMATION — Please tell us a bit about yourself

Owner's Name

First _____ Last _____

Email _____

Pet's Name _____

Current Vet Clinic _____

VACCINATION RECORDS — Your pet is **REQUIRED** to be vaccinated against at least Rabies, DHLPP, and Bordetella before services will be rendered. Please provide the following basic information about your pet's vaccination history. **You must also bring a copy of your pet's vet records with you to your next visit.**

Rabies Date Last Received _____ Date Expires _____

Bordetella Date Last Received _____ Date Expires _____

DHLPP Date Last Received _____ Date Expires _____

Please list any other vaccinations

Is your dog being treated for fleas?

No Yes

What Product do you use? _____

How often do you administer flea preventative? _____

When was the last treatment given? _____

Please check your dog for fleas prior to your arrival. We reserve the right to inspect for fleas, and we must treat your pet with Capstar and/or Flea bath to protect other pets in our facility. Additional charges will apply.

Comments

Print Owner's Name _____

Date _____

Signature of Owner _____
