



Declaration & Consent by Owner (or Responsible Person)

Name:

Email:

Address:

Postcode:.....

Mobile:.....

Phone H:

Phone W:

Pet's Name:

Breed:

Colour/s & Distinguishing Marks::

Sex: M / F

Entire / Neutered (@ Months)

Microchipped / Name /Tagged / Tattoo

Health & Meds

Vet Clinic & Name:

Medical Conditions

Puppy Vaccinations Completed: Y / N

Epilepsy Arthritis Joint/Muscular aches pains

Heart Condition:.....

Allergies:

Tumours / Internal Pain:

Old Injuries:

Skin conditions / Warts :.....

Other known or diagnosed conditions:

Current Meds / Treatment.....

Temperament

Known fears & anxieties:

Vet Vacuum /Hair Dryer / Loud Noise Water/Bathing Height Restraint / Other:

Special Handling:

Aggression: Dog-Dog Dog-Human Dog-Other Circumstances.....

Has this dog ever bitten? Y / N

Circumstances:

Coat Management Regime:

Brushing / Combing / Bathing / Drying

Frequency: Daily Weekly Monthly

Matt Prevention: Debris Removal Detangling/ De-matting Drying /Brushing

Grooming Schedule and Communications

Recommended schedule: Full Groom every weeks

Maintenance groom every weeks

Reminder frequency every weeks

Method of communication: email / text / phone

The Small Print.....

- I accept that Simply Debonair Dog Grooming will provide a service in compliance with The Animal Welfare Act (2007).
- In the event it is deemed necessary, I consent to humane matting release
- In the event of a medical emergency arising during grooming, I consent to emergency veterinary treatment at the Simply Debonair Dog Grooming nominated veterinary practice
- In the event veterinary advice is deemed necessary, I agree to initiate this within 24 hours of my dog's groom
- I agree to the Terms and Conditions as set out on the Simply Debonair Dog Grooming website, I note that these may change from time to time and that it is my responsibility to keep abreast of such changes.

Sign:

Date: