



Mud Puddle Paws Dog Grooming Registration Form

Your Name: _____

Address: _____ City: _____

Postal Code: _____

Phone: (H) _____ (Cell) _____

E-mail address _____

Dog's Name: _____ **Age:** _____

Breed or Combination of Breeds (if known): _____

Male - Is he Neutered **YES NO** ~ Female Is she Spayed **YES NO**

Does your Dog have any Chronic Health Issues (i.e.- skin conditions, ear infection, seizures)

YES NO _____

Is your dog currently on any medication – please list?: _____

When was your dog last vaccinated? _____

Who is your dog's veterinarian? _____

Does your dog have any issues with being groomed? - **YES NO** _____

When was the last time your dog was groomed professionally? _____

Please describe in detail how you would like your dog groomed today _____

We sometimes take pet photos for our website or facebook page - is this okay with you: **YES NO**

What is your preferred payment method – Debit / E-Transfer / Cash

Waiver/Release

I realize that attendance at Dog Grooming Session is not without risk, and I agree to not hold Talking Canines/Mud Puddle Paws Dog Grooming or their staff liable for any injury or damages, I, my dog, or belongings may suffer during attendance. I will assume the risk of any damage or injury done by myself and/or my dog while attending Dog Grooming Appointment.

Signature:
