FOR Rebies verify
Vet :
Phone :
Due Date :

Seashore Pet Spa and Grooming

*Please Write Clearly

Owner's name	First :		Last :
Phone		Emergency Call	
Address			
City		Zip	
Email (For any promotions / coupon)			

Vet :	Phone :

Pet's name :	Breed :
Weight :	Birth Date :
Please circle one	M / F / Neut.

* Please tell us about your pet

Any health issue ? Allergy / (shampoo, food)

Dog friendly ? Aggressive ? Shy ?

I do understand that it is necessary to have my pet up to date on all vaccination (such as rabies, kennel cough …..) prior to grooming and give permission to groomer to verify rabies record at vet's office. If it becomes necessary. _____

Signature : Date :