

Green Wave Grooming

Pet Questionnaire

Dog's Name _____ Breed _____ Colors/Markings _____

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Owner's Name _____ Phone Number _____

Emergency Contact _____ Phone Number _____

Name of Vet _____ Phone Number _____

Do you have a copy of your dog's Rabies Vaccination Certification? **If not, you cannot bring in your dog.** _____

Do you have a copy of your dog's DHLPP-Parvo Certification? **If not, you cannot bring in your dog.** _____

Is your dog aggressive? **If so, you cannot bring in your dog.** _____

Is your dog aggressive at any time when being groomed? **If so, you can not bring in your dog.**

Does your dog have any allergies? If so, please list them. _____

Is your dog sensitive to anything? If so, please list them. _____

Does your dog have pre-existing medical conditions? If so, please list them. _____

Can we walk the dog on a leash outside? _____

Does your dog like to run away or chase after things like cars or people? _____

Can the dog be turned loose in the classroom with students? _____

Is your dog friendly to other dogs? _____

Is your dog friendly to other small animals? (We have other small animals in the room) _____

Does your dog bark a lot? **If so your dog cannot come because it will be distracting when I am teaching.** _____

Does your dog cry a lot? **If so you dog cannot come because it will be distracting with I am teaching.** _____

Can your dog have treat? If there is any you do not want them to have please list them.
