



Grooming Information Form

Please remember to wear a Face Mask when picking up and dropping off your dog.

Owner Information

Owner's Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone #: _____ Alternate Phone #: _____

YES, I would like to receive booking reminders and specials YES, you can post pictures of my dog on social media

Email: _____

Dog Information

Dog's Name: _____

Breed or Mix: _____ Sex: Male Female

Date of Birth: _____ Year of Birth: _____ Spayed/Neutered: Yes No

Veterinarian Information

Clinic Name: _____

Expiry Date of Last Vaccine (DHPP/rabies): _____

Proof of rabies and DHPP vaccines within last 3 years must be shown if not already on file with us.

Grooming Information

Does your dog have any allergies or health concerns? Yes No

If yes, please explain: _____

Cage Free Facility

Does your dog have any issues with being cage free? Yes No

If yes, please explain: _____

Authorization

I give Paws in the Bath permission to seek emergency medical attention for my pet if it is deemed necessary. I assume all liability and financial responsibility for any and all costs involved for any medical attention sought for my pet's wellbeing.

Grooming: I am aware that if my pet is matted Paws in the Bath may deem it necessary to "dematt" or shave my pet. These procedures may have unpleasant consequences such as clipper/brush burn or nicks and cuts. Paws in the Bath will take all necessary care and precautions during all grooming services, but will not be held responsible for any side effects, injuries or medical bills incurred. I understand that there is an extra charge for bringing unwanted fleas into our flea-free establishment.

Client Signature _____

Date _____

How did you hear about us? Google Facebook Signage Instagram Other _____
 Referral _____

PLEASE SUBMIT TO YOUR PREFERRED LOCATION:

[Aurora](#)

[Newmarket](#)

[Keswick](#)

[Toronto, The Beaches](#)

[Bradford](#)