

## Mobile Grooming Application Form

Owner Name(s): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Contact Number: \_\_\_ Home \_\_\_ Cell \_\_\_ Work

Preferred Contact Method: \_\_\_ Email \_\_\_ Text \_\_\_ Phone

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Requested Grooming Location: \_\_\_ Home \_\_\_ Business

If at a place of business and if required, will you be able to provide written permission for us to operate in the parking lot of the business? \_\_\_ Yes \_\_\_ No

Are there any obstructions or construction that would make it difficult for a large vehicle to park at your requested grooming location: \_\_\_ No \_\_\_ Yes (please explain): \_\_\_\_\_

Grooming Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different than Grooming Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested Grooming Frequency: \_\_\_ Every 2 weeks \_\_\_ Every 4 weeks(No longer than 4)

Number of pets: \_\_\_ How often is the pet(s) currently professionally groomed: \_\_\_ Weeks

Does your pet(s) require shaving or extra time for dematting: \_\_\_ Yes \_\_\_ No

Is your pet(s) up-to-date on the state mandated rabies vaccine? \_\_\_ Yes \_\_\_ No

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of an emergency, do you wish to use this vet or the closest vet to your location?: \_\_\_ This vet \_\_\_ Closest

1. Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_ Weight: \_\_\_ Coat Type: \_\_\_\_\_

Does your pet have any of the following (check all that apply):

\_\_\_ Diabetes \_\_\_ Addison's \_\_\_ Cushings \_\_\_ Hypothyroidism \_\_\_ Collapsed Trachea \_\_\_ ACL Injury

\_\_\_ Back/Hip Injury \_\_\_ Cataracts/Blindness \_\_\_ Deafness \_\_\_ Obesity \_\_\_ Seizures \_\_\_ Heart Problems

\_\_\_ Tumors \_\_\_ Hot Spots \_\_\_ Raised Moles \_\_\_ Itching/Flaking Skin \_\_\_ Flea/Ticks \_\_\_ Dementia

\_\_\_ Matting \_\_\_ Allergies/Sensitivities (please list): \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Behavior Issues/Biting: \_\_\_ No \_\_\_ Yes (please explain): \_\_\_\_\_

Special Grooming Considerations (if any): \_\_\_\_\_

2. Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_ Weight: \_\_\_ Coat Type: \_\_\_\_\_

Does your pet have any of the following (check all that apply):

Diabetes  Addison's  Cushings  Hypothyroidism  Collapsed Trachea  ACL Injury  
 Back/Hip Injury  Cataracts/Blindness  Deafness  Obesity  Seizures  Heart Problems  
 Tumors  Hot Spots  Raised Moles  Itching/Flaking Skin  Flea/Ticks  Dementia  
 Matting  Allergies/Sensitivities (please list): \_\_\_\_\_  
 Other: \_\_\_\_\_

Behavior Issues/Biting:  No  Yes (please explain): \_\_\_\_\_

Special Grooming Considerations (if any): \_\_\_\_\_

3. Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Coat Type: \_\_\_\_\_

Does your pet have any of the following (check all that apply):

Diabetes  Addison's  Cushings  Hypothyroidism  Collapsed Trachea  ACL Injury  
 Back/Hip Injury  Cataracts/Blindness  Deafness  Obesity  Seizures  Heart Problems  
 Tumors  Hot Spots  Raised Moles  Itching/Flaking Skin  Flea/Ticks  Dementia  
 Matting  Allergies/Sensitivities (please list): \_\_\_\_\_  
 Other: \_\_\_\_\_

Behavior Issues/Biting:  No  Yes (please explain): \_\_\_\_\_

Special Grooming Considerations (if any): \_\_\_\_\_

All the information I have provided is true to the best of my knowledge. I have received and read the accompanying informational and policy brochure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application to us as soon as possible.

Submit Form

You can mail the form to:

**Kristin's Canine Skin & Coat Care**

**P.O. Box 16493**

**Lubbock TX 79490**

or you drop it by **Kristin's Whiskers & Paws weekdays before October 16, 2015.**

You can also email a completed online PDF form to: **info@mobilecanineskincare.com**

If we need more information about your pet and your grooming needs, we will contact you. After review, we will inform you of your status and if accepted, a grooming date and time. Subsequent grooming times and dates may not be the same as before, as we are establishing our schedules, and we may adjust groom times and dates based upon the most efficient routes for your area. **Please note that scheduling will be on a 2 or 4 week basis.**

**Clients wanting to go longer than 4 weeks or to be on an on-call basis will not be accepted.**