

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: _____ Zip: _____ Phone: (____) _____

Requested Grooming Frequency: Every week Every 2 weeks Every 4 weeks

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: _____

Does your pet have any health issues? If so, please list:

Behavior Issues/Biting: No Yes (please explain): _____

Special Grooming Considerations (if any): _____

Kristin's CANINE
SKIN & COAT CARE
MOBILE SPA

2. Pet Name: _____ Breed: _____ Age: _____ Weight: _____

Does your pet have any health issues? If so, please list:

Behavior Issues/Biting: No Yes (please explain): _____

Special Grooming Considerations (if any): _____

3. Pet Name: _____ Breed: _____ Age: _____ Weight: _____

Does your pet have any health issues? If so, please list:

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.

You can mail the form to:

Kristin's Canine Skin & Coat Care
3213 Upland Ave.
Lubbock TX 79407

You can also email a completed online PDF form to: kristin@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 1, 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.