



Shear to Please
48 N. York Road
Willow Grove, PA 19090
(215) 571 - 5783

New Client Form

Owner Information

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Mobile Phone: _____ Home Phone: _____ Work Phone: _____
Email Address: _____
Secondary Owner Name: _____ Phone Number: _____
How did you hear about us? _____

Veterinarian Information

Veterinarian Name: _____ Phone Number: _____
Address: _____

Pet Information

Pet Name: _____ Pet Type: _____ Breed: _____
Gender: _____ Spayed/Neutered: _____ Weight: _____
Birth Date: _____ Color/Significant Markings: _____

Health History:

	Yes	No		Yes	No		Yes	No
Blind:			Deaf:			Heart Condition:		
Diabetic:			Epileptic:			Musculoskeletal Issues:		
Allergies:			Sensitive Skin:			Warts/Moles/Skin Tags:		
Biter:			Shy/Nervous:			Comfortable in a Crate:		
Barker:			Hyper:			Aggressive:		

Explain Below:

Sensitive Areas: _____
Professionally groomed before? **Yes No**
Scared of hair dryer? **Yes No**
May we give your dog treats? **Yes No**
Shampoo preference?