

# Your Fairy Dogmother

## New Client Information Form

Human Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number:\_(\_\_\_\_\_)\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Closest Major Cross Streets \_\_\_\_\_

Gate Code or any Extra Info \_\_\_\_\_

Appointment Reminders to be sent by: (circle all you want) Email Text Message

**Pet #1** Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Circle one) Male, Female, Fixed Male, Fixed Female;

If it's female, is there a chance she could be pregnant? Prone to seizures?  
Approx. date of last vaccinations: Who is your vet?

Known allergies: Known skin problems: Known parasites  
(fleas etc): Known lumps, bumps or sores: Dew claws?

When was he/she groomed last? Did the groomer mention any concerns?

**Medical/Health/Physical Conditions:** (circle any that apply) Blind Deaf Diabetes  
Epilepsy Seizures Heart Condition Weak Hips Skin Condition Senior  
Other (please specify) \_\_\_\_\_

**Ear Plucking** Y or N **Anal Gland Expression** Y or N **Hypoallergenic Shampoo** Y  
or N **May your pet have treats?** Y or N **Special Instructions** \_\_\_\_\_

Over for additional pets

**Pet #2** Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Circle one) Male, Female, Fixed Male, Fixed Female;

If it's female, is there a chance she could be pregnant? Prone to seizures?  
Approx. date of last vaccinations: Who is your vet?

Known allergies: Known skin problems: Known parasites  
(fleas etc): Known lumps, bumps or sores: Dew claws?

When was he/she groomed last? Did the groomer mention any concerns?

**Medical/Health/Physical Conditions:** (circle any that apply) Blind Deaf Diabetes  
Epilepsy Seizures Heart Condition Weak Hips Skin Condition Senior  
Other (please specify) \_\_\_\_\_

**Ear Plucking** Y or N **Anal Gland Expression** Y or N **Hypoallergenic Shampoo** Y  
or N **May your pet have treats?** Y or N **Special Instructions** \_\_\_\_\_

**Pet #3** Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Circle one) Male, Female, Fixed Male, Fixed Female;

If it's female, is there a chance she could be pregnant? Prone to seizures?  
Approx. date of last vaccinations: Who is your vet?

Known allergies: Known skin problems: Known parasites  
(fleas etc): Known lumps, bumps or sores: Dew claws?

When was he/she groomed last? Did the groomer mention any concerns?

**Medical/Health/Physical Conditions:** (circle any that apply) Blind Deaf Diabetes  
Epilepsy Seizures Heart Condition Weak Hips Skin Condition Senior  
Other (please specify) \_\_\_\_\_

**Ear Plucking** Y or N **Anal Gland Expression** Y or N **Hypoallergenic Shampoo** Y  
or N **May your pet have treats?** Y or N **Special Instructions** \_\_\_\_\_

For additional pets, print another form!