

CCSTUDIO (dba Canine Couture Expert Grooming)

Grooming Intake Form

Owner Name: _____

Phone Number: _____

Email: _____

Pet Name: _____

Breed: _____

Age: _____

Weight: _____

Medical Conditions (if any): _____

Behavioral Notes (circle/apply):

Seizures / Aggressive for nails / Dislikes dryer / Dislikes kennel / Other: _____

Last Grooming Date: _____

Preferred Schedule (circle):

Every 4 weeks / 6 weeks / 8 weeks

Availability (days/times): _____

Rabies Vaccination Proof Provided: YES / NO

Notes or Special Requests:

By signing below, I acknowledge I have read and agree to the policies listed online at www.caninecoutureeg.com/policies, including the \$50 no-show fee.

Signature: _____ Date: _____