

**Welcome To Blessed Little Grooming Company
New Client Form**

Owners Information

Owners Name _____
Email _____
Phone/Name _____ Phone/Name _____
Do you want a text notification when your pet is ready? No Yes# _____

Grooming Information.

How often do you have your pet(s) groomed? Weekly? Monthly? Quarterly? As needed
Approximate date of last groom _____
How did you hear about us? _____

Pet Information

1. Pets Name: _____ Breed: _____ Neutered/Spayed ___ M/F
Birthdate/Age _____ Size/Weight _____ Color/Markings _____
Any Behavior or Medical Issues _____

2. Pets Name: _____ Breed: _____ Neutered/Spayed ___ M/F
Birthdate/Age _____ Size/Weight _____ Color/Markings _____
Any Behavior or Medical Issues _____

3. Pets Name: _____ Breed: _____ Neutered/Spayed ___ M/F
Birthdate/Age _____ Size/Weight _____ Color/Markings _____
Any Behavior or Medical Issues _____

4. Pets Name: _____ Breed: _____ Neutered/Spayed ___ M/F
Birthdate/Age _____ Size/Weight _____ Color/Markings _____
Any Behavior or Medical Issues _____

5. Pets Name: _____ Breed: _____ Neutered/Spayed ___ M/F
Birthdate/Age _____ Size/Weight _____ Color/Markings _____
Any Behavior or Medical Issues _____

6. Pets Name: _____ Breed: _____ Neutered/Spayed ___ M/F
Birthdate/Age _____ Size/Weight _____ Color/Markings _____
Any Behavior or Medical Issues _____

**Cash or Cards accepted. No Checks
Ask about our gift cards**