



Cat's Name:

Cat's Breed :

Cats Age / Date of Birth :

Male Or Female

Owners Name :

Full Address :

Postcode:

Home contact number :

Mobile contact number :

Emergency contact number:

Email address : THIS IS NOT SHARED WITH ANY OTHER PARTIES.

Veterinarian :

Vet contact number :

Your cats vaccination date. (include a copy or send photo of it)

When was your cats last health check with your vet?

Is your cat diagnosed FIV or FeLV?



Has your cat ever been diagnosed with Calicivirus, cat flu or other infectious disease / illness?

Is your cat an indoor / or outdoor cat?

Does your cat like being picked up by family / groomed / other people?

Has your cat been matted on previous occasions?

If so was he / she shaved by a vet or another grooming salon? Was the cat sedated?

Has your cat suffered previous injuries ? Please state date and treatment.

Has your cat ever had any heart health issues?

Has your cat been diagnosed with hyperthyroidism?

Does your cat have any allergies?

Has your cat ever had his / her claws trimmed before?

Has your cat ever had a bath before?

What are the priorities you would like help with during your cat's grooming session?

How did you hear about my cat grooming salon?