

Consultation Form

Your Details			
Name:			
Address:			
Postcode:	Mobile:		
Home:	Emergency:		
E-mail:			
Pet's Details			
For pets under 13 years of age, a checkup within the 6 months prior to the grooming session is mandatory. If your pet is 13 years or older, a checkup within the last 3 months is also mandatory.			
Name:	Breed:		
DOB:	Gender: Male / Female		
Vet:			
Vaccination	Vet's		
Date:	Number:		
Last Check-Up:			
Please provide a copy of your pet's vaccination card by either sending it or attaching it to this form.			
Allergies:	Y / N		
Please list:			
Has Your Pet Been Diagnosed With FIV or FeLV: Y / N			
Has your cat ever been diagnosed with Calicivirus, Cat Flu or other infectious disease $/\ Y\ /\ N$ illness?			
Please list:			



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Pet's Details				
Is your cat currently experiencing a flea issue? Y / N				
If so, please be aware that an additional charge will apply. This covers the cost of thorough sanitization and disinfection of all tools and equipment before and after your appointment to ensure a clean and safe environment.				
Is your cat primarily an indoor or outdoor cat?				
Indoor Outdoor				
Does your cat feel comfortable being picked up by family members, undergoing grooming, or being handled by other people? $$\rm Y\ /\ N$$				
If No please explain here:				
Pet's History				
	Yes No			
1. Has your cat been matted on previous occasions?				
2. If so was he / she shaved by a vet or another grooming salon?				
3. Were they sedated?				
4. Has your cat ever had his / her claws trimmed before?				
5. Has your cat been diagnosed with hyperthyroidism?				
6. Has your cat suffered previous injuries?				
7· Has your cat ever had any heart health issues?				
8. Has your cat ever had a bath before?				

Scheduling



Consultation Form

Preferences				
What specific goals or outcomes are you hoping to achieve with your pe	t's grooming session?			
Please list:				
What is your availability and how often could you schedule an appointment?				
Please list:				
Consent				
I recognise the importance of scheduling regular grooming appointments for my pet to achieve optimal results and ensure the comfort of my cat.				
I have disclosed any allergies or sensitivities and any health related information to the best of my ability.				
I acknowledge that all my information will be retained for record-keeping purposes but will not be shared, in compliance with GDPR regulations.				
I consent to photographs being taken before and after the grooming session for record-keeping and promotional purposes.				
I have provided accurate emergency contact information in case it is needed during the grooming session.				
I will disclose any other relevant information with this form along with my pet's vaccination card.				
Agreement				
By signing below, I acknowledge that I have read, understood, and consent to the above checklist.				
Client's Signature: Gro	omer's Signature:			
Date: Date:				