Ken's K-9s Dog Spa
MAGNOLIA, TEXAS

Ken's K9s Dog Spa by John & Alex · 18252 FM 1488 Rd, Suite 100, Magnolia, TX 77354 · (346) 850-2084

New Client Registration Form

Pet Owner Details

Full Name: _____

Home Phone: _____

Address: _____

Mobile Number: _____

City/State: _____ **Email:** _____

Referred By: _____

Pet Details

Type of Pet: ☐ Dog **Gender:** ☐ Male ☐ Female

Pet's Name: _____ **Breed:** _____

Age: _____ **Weight:** _____

Grooming Schedule

☐ Weekly ☐ Every 4 Weeks ☐ Every 6 Weeks ☐ Every 8 Weeks

Behavioral Information

Aggressive Behavior: ☐ No ☐ Yes **Towards:** ☐ Other Dogs ☐ People

Social Personality: ☐ Friendly ☐ Timid ☐ Anxious ☐ Nervous

Health & Veterinary Information

Veterinary Clinic: _____

Spayed/Neutered? ☐ No ☐ Yes **Indoor Pet Only?** ☐ No ☐ Yes

Current Vaccinations:

DHPP/DHL: ☐ Up to Date ☐ Recently Administered ☐ Too Young

Bordetella: ☐ Up to Date ☐ Recently Administered ☐ Too Young

Vaccination Records Provided? ☐ No ☐ Yes **Rabies Vaccination:** ☐ No ☐ Yes

Known Allergies: _____

Emergency Contact

Full Name: _____

Phone Number: _____ **Mobile Number:** _____

Grooming Agreement & Policies

1. **Pet Safety & Handling:** If your pet becomes overly aggressive or stressed, we may need to stop the grooming session for their safety. Additional charges may apply for handling difficult pets or those with extreme matting.
2. **Health & Vaccination Requirements:** Proof of up-to-date vaccinations (rabies, Bordetella, DHPP/DHL) is required before service.
3. **Cancellations:** Appointments must be canceled 24 hours in advance.
4. **Emergency Veterinary Care:** If an emergency arises during grooming, we will attempt to contact you immediately. If you are unavailable, we will seek veterinary care at your expense.
5. **Photo Consent (Optional):** ☐ I give permission for my pet's photos to be used on social media/marketing.

Owner's Signature: _____ **Date:** _____

Matting Release & Consent

I acknowledge that excessive matting on my pet's coat can lead to skin irritation and potential health risks. Removing matted fur may expose pre-existing skin issues such as rashes, infections, or sores. If any such conditions are discovered, I understand that I will be informed, and any further veterinary care required will be my responsibility.

I authorize the grooming service to proceed, understanding that the following may be necessary:

- **Shaving or Trimming Mats:** If matting is severe, shaving the affected areas may be required for my pet's comfort and health.
- **Altered Appearance:** I understand that removing matted fur may change my pet's look. Groomers will do their best to achieve an even coat, but the pet's health remains the priority.
- **Skin Sensitivity:** Removing mats may expose the skin, leading to potential irritation or minor nicks.
- **Grooming Discomfort:** I acknowledge that removing matted fur can be uncomfortable and authorize the groomer to proceed accordingly.

By signing this waiver, I confirm that I understand the potential risks and give permission for the grooming process to continue.

Pet Owner's Signature: _____ **Date:** _____

Emergency Medical Authorization

In the event of an emergency during the grooming session, I authorize the groomer to seek immediate veterinary attention for my pet if necessary. While every effort will be made to contact me, I understand that if I am unavailable, the groomer will act in my pet's best interest, and I will be responsible for any medical costs incurred.

Preferred Veterinarian: _____ **Phone:** _____

Clinic Name & Address: _____

Pet Owner's Signature: _____ **Date:** _____

Skin & Coat Treatments

Certain skin conditions require special grooming care. I understand the following treatments may be applied as needed:

- **De-Shedding Treatment:** Helps reduce excessive shedding by using specialized grooming techniques.
- **Flea & Tick Treatment:** While this treatment can help eliminate external parasites, I understand it does not replace veterinary-prescribed flea and tick prevention.
- **Medicated Shampoo:** Specially formulated or medicated shampoos may be used (prescribed by your vet) for pets with allergies or skin sensitivities to relieve discomfort.
- **Deep Conditioning Treatment:** Hydrates and nourishes the coat to improve overall skin and fur health.

By signing below, I authorize the use of necessary skin treatments for my pet's well-being.

Pet Owner's Signature: _____ Date: _____

Puppy and Senior Pet Grooming

I understand that young puppies and senior pets require extra care during grooming and will require extra time to groom. This includes:

- **Gentle Handling:** Puppies may be experiencing their first grooming session, while senior pets may have age-related sensitivities.
- **Frequent Breaks:** Groomers will accommodate my pet's needs to ensure a low-stress or no stress grooming experience.
- **Health Awareness:** Senior pets may have arthritis or medical conditions requiring special attention.

I acknowledge that the grooming team will prioritize my pet's safety and comfort, and I authorize the grooming services accordingly.

Pet Owner's Signature: _____ Date: _____

Cancellation Policy

- A No-Show appointment will result in an additional fee.
- Cancellations require 24 hours in advance or there will be a $50 fee charged.

By signing, I confirm my understanding of these policies.

Pet Owner's Signature: _____ Date: _____

Please List Any Medical or Behavior Issues

_____

_____

_____

_____

Pet Owner's Signature: _____ Date: _____