



Roseorwell Pups Client Record

Name:	Mr/Mrs/Miss	Pets Name:	Age:	M/F	Breed:
Address:					
Telephone No:		Mobile No:	Date of Birth:	Colour:	Coat type :
Identifying Marks:		Spayed/Castrated/Entire/date of Last Season	Date of treatment for	Fleas	Worms Vaccinations
Medical History, Disabilities, and any existing conditions:					Microchip No.
Behavioral Issues and any dislikes:			<p>WART</p> <p>TOP</p> <p>Mark warts Scars Lumps etc.</p>	<p>MAP</p> <p>TUMMY</p> <p>Clearly on the Map.</p>	

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Date	Details of today's groom	Charge £

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I hear by give consent to Roseorwell Pups to bathe, remove and style my pets hair in accordance with their recommendations. I accept that during this process it is possible that minor irritation, grazing or cuts may occur and I will not hold the Roseorwell Pups responsible in this eventuality. I agree to pay for any damages that my pet may cause whether it be to an object, person or another animal. I also agree to pay for any unforeseen circumstance required by my pet or caused by either myself or my pet. I accept that cancellation within 24hours notice is chargeable at the standard rate.

Client's Signature:

Date: