



1955 Laurel Road, Lindenwold, NJ 08021  
Phone Number (609) 783-4015  
Fax Number (609) \_\_\_\_\_  
www.valleyviewkennels.net

## **GROOMING INFORMATION FORM**

PLEASE ANSWER ALL QUESTIONS. ONE FORM PER FAMILY PET PER VISIT

OWNER'S NAME: \_\_\_\_\_

(Last)

(First)

SPOUSE OR OTHER CONTACT'S NAME: \_\_\_\_\_

(Last)

(First)

HOME ADDRESS: \_\_\_\_\_

(Street)

(Town)

(State)

(Zip)

MAILING ADDRESS: (IF DIFFERENT THAN HOME ADDRESS)

HOME TEL. # \_\_\_\_\_

CELL TEL.# \_\_\_\_\_

WORK TEL. # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

SPECIES: \_\_\_\_\_

BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SEX: (M) (F) \_\_\_\_\_

ALTERED?: (Y) (N) \_\_\_\_\_

HAS YOUR PET BEEN GROOMED BEFORE? (Y) (N) \_\_\_\_\_

IF SO, WHERE? \_\_\_\_\_

IF SO, WHAT WAS YOUR PET'S REACTION? \_\_\_\_\_



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## **GROOMING INFORMATION FORM CONT.**

PLEASE ANSWER ALL QUESTIONS. ONE FORM PER FAMILY PET PER VISIT

HOSPITAL OR CLINIC'S NAME: \_\_\_\_\_

VETERINARIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (Town) (State) (Zip)

PHONE #: \_\_\_\_\_

**ALL FAMILY PETS MUST BE UPDATED AND HEALTHY ON THE FOLLOWING VACINATIONS/  
TESTS. EITHER ATTACH A COPY OF THE INOCULATION RECORDS, OR HAVE YOUR VET FAX  
US A COPY:**

Dogs: Rabies, DHLPP, Bordetella (Kennel Cough)

Cats: Rabies, Distemper, Calcivirus, Chlamydia, Leukemia Vaccine-Neg Test, Feline Immune Virus Neg Test

PLEASE USE THIS SPACE TO LIST ANY MEDICAL PROBLEMS THAT VALLEY VIEW KENNELS  
SHOULD BE AWARE OF: (Examples: hip/joint problems, allergies, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS YOUR DOG HAD ANY BEHAVIORAL PROBLEMS THAT VALLEY VIEW KENNELS SHOULD  
BE AWARE OF: (Examples: aggression, shy, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE USE THIS SPACE TO LEAVE ANY OTHER INFORMATION THAT YOU FEEL VALLEY  
VIEW KENNELS SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



