



Grooming

39319 Garfield Rd.
Clinton Twp., MI
48038

Phone: 586-412-3900
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Animal Activity



Guest Information:

Guest Name: _____
 Guest Birthday: _____

Gender: Male/Female

Is the guest neutered or spayed?
 Y/N

Guest Breed: _____
 Color: _____
 Weight: _____

Is the guest:
 Microchipped / Tattooed

ID Number: _____

Where is the pet registered?

Has the guest ever been groomed
 before? Y / N

Owner/Registrant Information:

Responsible Party: _____
 Driver's License #: _____

Home Address: _____
 City: _____
 State: ___ Zip: _____

Home Phone #: _____
 Work Phone #: _____
 Cell Phone #: _____

Emergency Contact
 Person: _____
 Phone#: _____

How did you hear about the AAC?



Vaccine Information*:

Written proof of vaccination within the last eleven months must be submitted with registration information. Please indicate below which vaccinations have been administered to the guest.

Dhlpp	Y/N	Date Given: ___/___/___	FVRCP	Y/N	Date Given: ___/___/___
Rabies	Y/N	Date Given: ___/___/___	FELV	Y/N	Date Given: ___/___/___
Deworming	Y/N	Date Given: ___/___/___	Fecal	Y/N	Date Given: ___/___/___
Bordetella	Y/N	Date Given: ___/___/___	Heartworm Test	Y/N	Date Given: ___/___/___
FELV/FIV Test	Y/N	Date Given: ___/___/___	Test Result	+ / -	

*You must supply proof of the above listed vaccinations unless you have provided a written explanation from your veterinarian.

