



Grooming Registration

Note: This registration is for Woof Central Grooming services only. In order for your dog to play or board at Woof Central, he or she must pass our playgroup assessment, which is a free day of daycare.

Ask our front desk for more information. Thanks for bringing your dog to Woof Central!

OWNER INF	ORMATION				
Owner Name	e(s):			_Date:	
				p:	
	ail:				
·	mail:				
Who is authorized to pick up your dog(s)?					
How did you hear about Woof Central?					
DOG INFORM	MATION				
Dog 1					
•	Age:	Birthdate:		(mm/dd/yyyy)	
Breed (or if mixed, main breed): Description:					
-	Spayed or Neutered				
Has your dog bitten or shown aggression when being groomed or handled? Y / N					
Can your dog	g have treats? Y / N				
Dog 2					
Name:	Age:	Birthdate:		(mm/dd/yyyy)	
Breed (or if mixed, main breed):Description:					
Sex: M/F	Spayed or Neutered	? Yes / No	Approx. Weigh	htlbs.	
Has your dog	g bitten or shown aggr	ession when bein	g groomed or ha	ndled? Y / N	
Can your dog	g have treats? Y / N				

Are there any special precautions that ne	eed to be taken when grooming your dog(s)? (i.e.;
muzzles, allergies, etc.) Y/N	
Please describe:	
MEDICAL INFORMATION	
	Vet Name:
	State:Zip:
<u> </u>	
Any allergies?	
If yes, please list:	
Is your dog on heartworm preventative?	Y/N
Is your dog on flea/tick control?_Y / N	
Is your dog on any medications? Y/N	
Does your dog require partial sedation fo	or grooming? Y / N
If yes, what kind?	
Are there any previous injuries, medical i	issues or medical conditions that our groomers
should be aware of?	
Your dog must be current with these vac	cines: Rahies Distemner Bordetella
Please show vet records to your groomer	
Treate and it for each up to your grounds	
SIGNATURE	
This registration is correct to the best of	my knowledge:
Print Name:	
Owner Signature:	
	k forward to working with you and your dog(s)!