



We would like to thank you for choosing The Dog Stop Inc. for the care of your dog. In order for us to provide a safe caring destination for your dog we ask that you complete the following prior to your first grooming appointment.

Owner Information

Full Name: _____
Last *First*

Address: _____
Street Address *Apt/Unit #*

_____ *City* *Province* *Postal Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

How did you hear of us? _____

Dog Information (all fields must be completed)

Dog Name: _____ Age: _____

Breed: _____ Sex: _____

Spayed/Neutered _____ Colour: _____

Veterinarian name and phone: _____

Does your dog like to be groomed? _____

Does your dog have any sensitive areas on its body? _____