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Pahrump Grooming: Release and Waiver of Liability

The Pet Parents information: Please PRINT All Information

First Name _____ Last Name _____

Mobile Phone Number () _____ Home Phone () _____

Email Address _____

Please tell us about our NEW furry client:

Vaccination: Please provide veterinarian proof of current and updated Rabies, Distemper, Parvo and Bordetella.

Name Pet 1 _____ **Age** _____

Breed _____ **Sex** _____ **Color** _____

Rabies Date _____ **Distemper Date** _____

Parvo Date _____ **Bordetella Date** _____

Health issues we need to know about _____

Grooming Instructions _____

Any grooming trauma from the past we need to know about _____

Vaccination: Please provide veterinarian proof of current and updated Rabies, Distemper, Parvo and Bordetella.

Name Pet 2 _____ Age _____

Breed _____ Sex _____ Color _____

Rabies Date _____ Distemper Date _____

Parvo Date _____ Bordetella Date _____

Health issues we need to know about _____

Grooming Instructions _____

Any grooming trauma from the past we need to know about _____

Vaccination: Please provide veterinarian proof of current and updated Rabies, Distemper, Parvo and Bordetella..

Name Pet 3 _____ Age _____

Breed _____ Sex _____ Color _____

Rabies Date _____ Distemper Date _____

Parvo Date _____ Bordetella Date _____

Health issues we need to know about _____

Grooming Instructions _____

Any grooming trauma from the past we need to know about _____