

Bubbles N' Bows Dog Salon - Groom Alert Health Form

Please complete the health information below so we are aware of any concerns about your dog(s) health.

Dog's name, and health information: **(Dog 1)**

Dog's name: _____

Is your dog is under regular Veterinary care Yes No

Is your dog is on prescription medication(s)? Yes No

If yes, what medication(s)? _____

Please check all health concerns that apply: Blind Deaf Pregnant Epileptic Diabetic Arthritic

Heart Condition Warts Moles Tumors Ear Infection Food Allergy Skin Allergy Flea Allergy Clipper Burns Easily Dry Low Heat Only Do Not Express Anal Glands Don't Pluck Ear Hair Other _____

Does your dog see a veterinary specialist for any conditions listed above (In addition to your regular Veterinarian with contact provided on previous form?) Yes No

Name Veterinary Specialist _____

Clinic: _____

Clinic Address: _____ Phone: _____

Dog's name, and health information: **(Dog 2)**

Dog's name: _____

Is your dog is under regular Veterinary care? Yes No

Is your dog is on prescription medication(s)? Yes No

If yes, what medication(s)? _____

Please check all health concerns that apply: Blind Deaf Pregnant Epileptic Diabetic Arthritic

Heart Condition Warts Moles Tumors Ear Infection Food Allergy Skin Allergy Flea Allergy Clipper Burns Easily Dry Low Heat Only Don't Express Anal Glands Don't Pluck Ear Hair Other _____

Does your dog see a Veterinary specialist for any conditions listed above (In addition to your regular Veterinarian contact information provided on previous form?) Yes No

Name Veterinary Specialist _____

Clinic: _____

Clinic Address: _____ Phone: _____

Emergency Directive:

In an emergency, we will do our best to contact you first, and then take your pet to your personal Veterinarian. In the event your personal Veterinarian is unavailable, I authorize Karen Goodale of Bubbles N' Bows Dog Salon to transport, and request medical treatment for my dog at the closest available Veterinary clinic/hospital. I also agree to pay any and all veterinarian fees for my pet's care.

Pet's Name: _____

(Print) Owners Name: _____

Signature: _____ Date: _____