

Registration Form

Full Name: _____

Home Address: _____

(Building Name: _____) Are pets permitted? Yes • No

Have a Car Park?: Yes • No (Staff Use) If answered no: _____

Phone Number: Home: _____ Mobile: _____

Email Address: _____

Mobile Email Address: _____

Pet Name: _____ (Nickname) _____ Boy • girl Weight (approx.): _____ kg

Breed: _____ **Fur Colour:** _____ **Age:** _____ years **Birthday:** _____ / _____

Past Illness(es): No • Yes (Illness(es): _____)

Contagious Disease Vaccinations: Not yet • Done Date of last vaccination: / / Type: _____

Rabies Vaccinations: Not yet • Done Date of last vaccination: / / (_____)

Neutered?: Not yet • Done _____

Medication?: No • Yes (Amount, times etc. _____)

Pet Name: _____ (Nickname) _____ Boy • girl Weight (approx.): _____ kg

Breed: _____ **Fur Colour:** _____ **Age:** _____ years **Birthday:** _____ / _____

Past Illness(es): No • Yes (Illness(es): _____)

Contagious Disease Vaccinations: Not yet • Done Date of last vaccination: / / Type: _____

Rabies Vaccinations: Not yet • Done Date of last vaccination: / / (_____)

Neutered?: Not yet • Done _____

Medication?: No • Yes (Amount, times etc. _____)

Usual Veterinarian Clinic: _____

Address: _____ **Phone Number:** _____

Days Off: _____ **Examination times:** _____

How did you hear about Azabu Pet?

- ① Google Reviews ② Ranking Site or Review Site
- ③ Search Engine (Google • Yahoo) Key Search Terms: (_____)
- ④ Passing By (Pamphlet • Store Sign) ⑤ Friend • Family (_____) ⑥ Other: (_____)

Ads: We send out adverts via mail, if you would not like to receive them, please circle: No

Site & Blog: We may post photos of you/your pet, if you would not like this, please circle: No

(Staff Use)

	Short Stay	Hotel	Shampooing	Grooming	Pick-up Drop-off

Registration Form

Grooming

Your Name: _____ Your Pet's Name: _____

■ Frequency of Shampooing/Grooming

➤ Shampooing: Once every month(s) Grooming: Once every month(s)

■ Last Groom/Shampoo: _____ Date: / _____ Approx. Month(s) ago

■ Skin Issues to be aware of:

(_____)

■ Shampoo Options: Normal Shampoo / Medicinal Shampoo / Shampoo from home

■ Grooming at home (Please circle what you do)

* Nothing

* Brushing (Everyday/___ times a week) * Nail trimming * Ear Cleaning

* Shampooing (Frequency: _____)

* Simple Trimming (Details: _____)

* Other (Details: _____)

■ Things you have difficulty with when grooming at home (Can't brush out knots, etc.)

(_____)

■ Past issues when grooming (has bitten, has injured or been injured, etc.)

(_____)

■ Things you'd like us to be careful/aware of

(_____)

■ Grooming Requests (Cut, style, etc)

"Beard" Trimming: (Yes • No)	Nails: (Long • Short)

■ When Shampoo/Grooming is over:

* Call me on my (home • mobile) number, or this number (_____)

* I will come in to the store at: (: am/pm).

I will contact the store before coming in? (Yes • No)

Staff Member{

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