

# California Cat Center Grooming

## Owner's Information

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to receive our monthly  
newsletter? Y/N e-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_  
\_\_\_\_\_

## Pet's Information:

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Color: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Long or short hair? \_\_\_\_\_  
Sex: \_\_\_\_\_  
Spayed or neutered?: \_\_\_\_\_

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Color: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Long or short hair? \_\_\_\_\_  
Sex: \_\_\_\_\_  
Spayed or neutered?: \_\_\_\_\_

Veterinarian (name & number): \_\_\_\_\_  
\_\_\_\_\_

Veterinarian (name & number): \_\_\_\_\_  
\_\_\_\_\_

Rabies VAC EXP: \_\_\_\_\_

Rabies VAC EXP: \_\_\_\_\_

Last Flea Prevention: \_\_\_\_\_

Last Flea Prevention: \_\_\_\_\_

## Questionnaire:

Has your cat been groomed before?  
\_\_\_\_\_

Does your cat have sensitive skin or allergy's?  
\_\_\_\_\_

If Yes, how did they do?  
\_\_\_\_\_

Does your cat have a medical condition that  
needs to be monitored during the grooming  
processes? \_\_\_\_\_

Does your cat have any matts? \_\_\_\_\_

Note: Matted cats take longer to groom.

Does your cat have any leisure or open wounds? \_\_\_\_\_  
\_\_\_\_\_

Do you suspect your cat may have fleas?  
\_\_\_\_\_

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_