**Owner Information**

Last name: First name:

Address:

City: State: Zip Code:

Daytime Phone: ( ) Evening Phone:

Cell/Page: ( ) Fax: ( )

E-Mail:

Number where you can be reached while you are away:

Emergency Contact Name: Phone: ( )

Student name who referred you:

**Pet Information:**

Name:

Male:  Neutered: Yes  No  Female:  Spayed: Yes  No 

Breed: Color:

Date of birth: / / Age: Weight: Microchip #:

**Veterinarian Information:**

Clinic Name:

Doctor’s name: Phone #: ( )

**Required Vaccines:**

|  |
| --- |
| DHLPP (Distemper Booster)  Rabies (1 or 3 year)  Bordetella (done every 6 months)  Heartworm Test  Fecal Test (Done every 6 months) |

**It is the responsibility of the pet owner to maintain the vaccines up to date.**

**If any of the required vaccines are past due, be sure to update them 5 days prior to the grooming or daycare date.**

**Pets with expired vaccines will not be accepted for grooming or daycare for the safety of Ferguson students.**

**Medical History:**

Describe any medical conditions, surgeries or physical impairments and/or any physical limitations to be aware of before your dog participates in any activity?

Arthritis Diabetes Allergies Ear/Eye Infections Hot Spots

Stress-related diarrhea (colitis) Seizures Yes No If yes, how often?

**Pet Profile:**

Does your dog play with other dogs? Yes No

How does your dog react to other dogs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog ever growled at someone? Yes No

Has your dog ever bitten someone? Yes No

If yes what were the circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any history of destructive chewing, separation anxiety, climbing or jumping over fences or gates, please specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any sensitive areas on his/ her body? Explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog afraid of any specific items or noises? Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services:**

Pet Day Care……………………………………………………….. $10.00 per day

Grooming (bath, cut, nail cut, teeth brush)……………..…… $25.00- $35.00

Who referred you to our Ferguson Grooming Services:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby consent and authorize the students of Ferguson FFA Veterinary Assisting program under the supervision of Laura Sandoval Veterinary Assisting Instructor, to provide indicated services to my animal(s). The students of Miami Dade County Public Schools and its employees, shall not be held liable or responsible, for any claims, liabilities, losses, damages, charges, fees, and expenses of any nature and character for which I or my animal/animals may sustain or incur by reason or on account of the attending, handling, examination, of the animal(s) listed. This release relates to any and all liability for personal injuries or death, property damage or property loss, injury to or death of any animal occasioned by or in connection with any activity related to this event.

*All the grooming is completed by the top level vet students. Although Ms. Sandoval will be supervising the groomers at work, the job is done by the students, not paid professionals. By choosing Ferguson vet students as your pet’s groomer, you are providing practice and experience to the future vet technicians, groomers, and professional veterinarians of America.*

**Please turn form into room 705 when completed along with vaccination records for copying. After you have received a confirmation email that paperwork has been approved, please reply with appointment request.**

**Appointments can be made through fergusongrooming@gmail.com**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner or Authorized Representative (**Please Print**) Owner or Authorized Representative Signature