

Dog Health & Behavior for \_\_\_\_\_ owned by \_\_\_\_\_  
 (dog's name) (your name)

Medication (include condition being treated): \_\_\_\_\_

Allergies: \_\_\_\_\_ Injuries: \_\_\_\_\_

Does your dog have a bite history?

No  Yes, explain: \_\_\_\_\_

Are any legal actions or complaints filed, pending, or in force with respect to the dog's behavior?

No  Yes, explain: \_\_\_\_\_

Does your dog have any of the following:

	YES	NO	Notes
History of seizures			
Diabetes			
Heart disease			
Uncontrolled anxiety			
Blindness			
Deafness			
Lameness			

*\*\* These conditions do not preclude your dog from being groomed.  
 This question is simply to help us understand how to best care for your pet. \*\**

## Required Vaccinations

Vaccines	YES	NO	<b>** If your dog is being vaccinated for the first time, please allow three days for an oral kennel cough vaccine, seven days for a DHLPP vaccine, and 30 days for a rabies vaccine to take effect. **</b> <b>Please ask your veterinarian to send proof of vaccination by fax to 603-686-8286 or to <a href="mailto:allbreeddoggydaycare@live.com">allbreeddoggydaycare@live.com</a> .</b>
Current rabies			
Current DHLPP			
Current Kennel Cough			

I, the undersigned, agree to the above, accept full responsibility for the acts of my dog while at Fast Friends and release Fast Friends and its staff, board or directors, and volunteers from any and all claims of liability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Media Release

We often record video and take pictures of the dogs while they are being groomed. We do post the videos and pictures on our website, social media, and on occasion in the local newspapers and in our marketing materials.

I, the undersigned, give Fast Friends permission to utilize any video or photographs taken of my pet in any future marketing efforts whether online or in print.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_