



## Client Intake Form

Please complete all sections before or at your first appointment.

### 1. Owner Details

First Name	Last Name	Phone
Email Address		Suburb / Postcode
Emergency Contact Name		Emergency Contact Phone

### 2. Dog Details

Dog's Name	Breed	Age	Approx. Weight
Vet Clinic Name (optional)		Vet Phone	
Desexed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dietary restrictions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Medications (if none, write N/A):			
Known Health Conditions or Allergies (if none, write N/A):			
Recent surgery or injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, details and any relevant veterinary advice:			

### 3. Grooming & Behaviour History

Previously professionally groomed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Anxious or nervous about grooming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
History of aggression or biting toward a groomer or other dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please provide details:			

Senior dog (Toby's staff to complete)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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### 4. Flea & Tick Declaration

Current fleas or infestation in the last 4 weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current flea/tick prevention treatment?			

## 5. Waivers & Consent

### 5A. Matting Waiver & Consent

I understand that severely matted coats may require dematting or a shave-down rather than a standard groom, which can be uncomfortable and may cause skin damage. Where severe matting is identified, Toby's Dog Grooming will contact me before proceeding and my consent is required before any dematting or shave-down commences. I understand that additional fees apply, and a partial fee for additional time may be charged if the groom is stopped pending my consent. All additional fees must be paid prior to my next appointment. In cases of severe matting close to the skin, the risk of minor nicks, skin irritation, or haematoma is increased despite our best efforts. Toby's Dog Grooming will take every care to keep my dog safe and comfortable, however they cannot be held liable for injuries that occur as a direct result of the severity or proximity of matting to the skin. Any concerns will be disclosed at collection, and veterinary attention will be recommended where appropriate.

### 5B. Aggressive or Reactive Dog Liability Waiver

I declare that I have disclosed any known history of aggression, biting, or reactivity toward groomers or other dogs. I accept that grooming an aggressive or reactive dog carries additional risk. I agree that Toby's Dog Grooming may stop the groom at any point if a safety risk is identified, and I release Toby's Dog Grooming from liability for injury arising directly from my dog's aggressive behaviour, provided reasonable care has been taken.

### 5C. Senior / Special Needs Dog Disclaimer

I understand that senior dogs (7+ years, breed depending) or dogs with health conditions may be at increased risk during grooming. I confirm my dog has been cleared for grooming and accept responsibility for any pre-existing conditions that may be affected. I agree that Toby's Dog Grooming will stop the groom and contact me immediately if my dog shows signs of distress.

### 5D. Photography & Social Media Consent

Toby's Dog Grooming may photograph or film your dog to share on our social media and website. Consent is optional and can be withdrawn at any time by contacting [hello@tobysdoggrooming.com](mailto:hello@tobysdoggrooming.com). Circle your response.

**Yes** — I consent to photos/video being shared on Toby's online and social media platforms.

**No** — I do not consent.

## 6. Policy Agreement & Signature

Our Client Policy was provided in your booking confirmation and is available online at [tobysdoggrooming.com](https://tobysdoggrooming.com). By signing below I confirm: (1) all information provided is accurate and complete; (2) I have read and agree to Toby's Dog Grooming's Client Policy; (3) I understand that failure to disclose relevant health, behavioural, or parasite information may result in the groom being stopped and fees being charged; and (4) I agree to the applicable waivers listed above.

**Full Name (print)**

**Date**

Signature

*For office use only:*

**Date of First Appointment**

**Record Created By**