

# BIG BROWN PAWS SPA- TAUPO



## Grooming forms

Owners Name:			
Address:			
Email:		Phone Number:	

Pet Name:			
Breed:		Colour:	
Age/Birth date:		Sex:	
Desexed:		Vaccinations:	

Flea treatment, product:	
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Worming treatment/product:	
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Medical conditions:	
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Taking any Medication:	
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Allergies:	
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Recent/current Injuries:	
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Any restrictions on movement:	
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Grooming Instructions:	
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Blades:	
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Time required:	
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Fur condition:	
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Easy	Fair	Hard	Nervous	Hyper/mover	Heavy	Biter	Noisy	Anal Glands	Scratcher
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ADDITIONAL COMMENTS:

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