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Spa Services Appointment Request Form

Client Information

Client Last Name: _____ Client First Name: _____

Client Cell Phone: _____ Emergency Contact Name and #: _____

Canine Information

Guest Name: _____

General Health Issues: _____

Allergies: _____

Veterinarian Contact: _____

Skin or Coat Issues: _____

Hip or Joint Issues: _____

Issues: Fear Biter Hates Dryer Don't touch feet Other _____

Requested Services (Nails and Ears Included with all baths):

Type of Bath Requested: _____ Cologne: YES NO

Special Requests: _____

A la Carte Services

___ Nail Trim or dremel ___ Ear Cleaning ___ Teeth

___ Pawdicure ___ Facial ___ Spa Package