

We believe every dog deserves to be seen as the individual they are. This form helps us understand your dog before we ever meet them, so we can adapt our approach to their specific needs, comfort level, and personality. Please be as detailed as you like — there's no such thing as too much information.

1. Owner / Guardian Information

Owner Name: _____

Preferred Name/Nickname: _____

Phone (Primary): _____

Phone (Secondary): _____

Email Address: _____

Home Address (Service Location): _____

City: _____

ZIP Code: _____

How did you hear about A.D.A.P.T.?

- Google Search Nextdoor Facebook/Instagram Friend/Family Referral Vet Referral Other:

2. About Your Dog

Dog's Name: _____

Nickname(s): _____

Breed (or best guess): _____

Age: _____

Weight (approx.): _____

Sex: _____

Spayed / Neutered?

- Yes No Unknown

Coat type:

- Short / smooth Medium Long Curly / wavy Double coat Wire / rough Unknown

3. Grooming History

Has your dog been professionally groomed before?

- Yes — regularly Yes — occasionally No — this is their first time

If yes: how does your dog generally respond to grooming?

- Loves it Tolerates it Anxious but manageable Very stressed Has had incidents

What do you feel is their biggest challenge during grooming? (e.g., nail trims, ears, certain areas of body, duration):

Have they ever been refused service, or asked not to return, at a grooming facility?

- No Yes — please explain below

Details:

4. Temperament & Behavior

This section helps us keep everyone — including your dog — safe and comfortable. There is no judgment here. Honest answers help us adapt our approach and make the experience better for your dog.

How would you describe your dog's general personality? (Check all that apply)

- Relaxed / easygoing Playful / energetic Shy / reserved Anxious / nervous
- Reactive (to dogs) Reactive (to people) Protective / territorial Unpredictable

Has your dog ever snapped, growled, or bitten during grooming or handling?

- Never Growled / warned Snapped (no contact) Snapped (made contact) Full bite

Please describe the circumstances (triggers, context, frequency):

Are there any areas of the body that are particularly sensitive or should be approached with care?

- Paws / nails Ears Face / muzzle Tail area Back legs Belly

Other sensitive areas or notes:

What helps your dog feel calm or comfortable? (Check all that apply)

- Treats / food rewards Familiar smells / toys Soft voice / gentle touch Being talked to
- Brief breaks Owner nearby Favorite music Quick pace

Anything else that helps:

5. Health & Medical Information

Does your dog have any current or ongoing health conditions?

- No known conditions Arthritis / joint issues Skin condition Heart condition
- Diabetes Epilepsy / seizures Cancer (current/history) Vision / hearing impairment

Other conditions or medications we should know about:

Any known allergies? (food, products, environmental)

- None known Yes — please describe below

Allergy details:

Is your dog on any medications that affect their behavior or tolerance for stress?

- No Yes — please describe

Medication details:

A.D.A.P.T.

All Dogs Are People Too
House Call Dog Grooming • Graham, WA • Pierce County & Beyond

NEW CLIENT INTAKE FORM

Completed once per dog

Owner Confirmation

I confirm that the information provided above is accurate and complete to the best of my knowledge. I understand that A.D.A.P.T. uses this information to adapt grooming services to my dog's individual needs, and I agree to update this form if my dog's health or behavioral status changes significantly.

Owner Signature: _____

Date: _____

Printed Name: _____

Thank you for trusting us with your dog. We look forward to meeting them.