



# CUSTOMER DETAIL FORM

## CUSTOMERS NAME

FIRST ..... LAST.....

ADDRESS.....

CITY .....ZIP CODE .....

PHONE .....EMAIL .....

Please schedule my dog wash appointments.....  
Monthly

Weekly

Bi-Weekly

## DOGS DETAILS - DOGS NAMES & BREEDS

#1.....Breed.....

#2.....Breed.....

#3.....Breed.....

#4.....Breed.....

DOGS WELLBEING: *Does your dog/s have any Allergies or health problems we may need to know about?*

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**FOR THE SAFETY OF YOUR DOG/S: ALL dogs will be placed on a leash while in our care.**

\* The sole purpose for collecting this information is for the Mobile Dog Wash records and communication. At no time will your information be sold to another company.