



PET GROOMING CONSENT & RELEASE FORM

Parent Name _____ Pet's Name _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Home Phone _____ Work Phone _____
Cell Phone _____ Cell Phone Provider Please _____ May we text you? _____
Gender of Pet: Female Altered: Spayed Not spayed (If a non-spayed female goes into heat, they must be picked up)
 Male Neutered Unneutered
Breed _____ Color _____ Weight _____ Date of Birth _____
Veterinary Clinic _____ Phone Number _____ Allergies _____
Current Medications _____ List any medical issues _____
Emergency Contact Name _____ Emergency Contact Phone Number _____
How did you hear about us? _____

PLEASE REVIEW OUR POLICIES AND THEN SIGN AND DATE AT THE BOTTOM:

EMERGENCIES: *In the event of an emergency, I authorize this establishment to immediately seek professional veterinary attention for my pet (at my expense). I understand that all attempts will be made to contact me in the event of an emergency.*

COAT CONDITION: *I understand that this establishment puts my pet's comfort above all else. In the event that my pet's coat is matted, I understand that the groomer may have to shave the matts out rather than perform a painful dematting procedure. I also understand that if my pet is severely matted, that there is an increased risk for clipper burn or cuts to occur. I understand that all attempts will be made to prevent this, however in many extreme matt conditions, it is unavoidable. I also understand that matted pets take additional time to groom so there will be an additional fee added onto the regular grooming price if my pet's coat is matted.*

HEALTH: *I understand that grooming can be stressful to some pets and I will inform the groomer if my pet has any heart conditions or any stress related issues prior to grooming. I also understand that it is necessary to have my pet up to date on all vaccinations prior to every grooming. Please be aware that for the safety of your pet, we are unable to perform service on those that have received sedation medication for their appointment.*

CANCELLATION POLICY: *I understand that if I need to change my appointment time or cancel it, that I must give at least a 24 hour notice so that the appointment time can be made available to another client who is on the waiting list. A \$25 fee will be applied to your account if there is less than 24 hours notice or if you no call/no show for your scheduled appointment. If two appointments are missed without giving notice, clients may then be required to pre-pay prior to scheduling any future appointments.*

DAYCARE: *I assume all risk associated with using the services at Spa Paw & Tail which include but is not limited to disease, injury to self or other pets, and damage to Spa Paw & Tail. I release and indemnify Spa Paw & Tail and its owner from all action suites or claims for injury, loss or damage regardless of the cause. There is a danger associated with off-leash play and Spa Paw & Tail will not be held liable for injury to pets due to dog fights, rough play, or transmission of disease. If my pet should experience high anxiety levels and become destruction, I will accept full financial responsibility of all repairs.*

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES _____

Signature

Date