



PET GROOMING CONSENT & RELEASE FORM



Pet Owners Name (first and last): _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact (Name and Phone Number): _____

Pet Name: _____ Breed: _____

Date Of Birth: _____ Color: _____ Age: _____ Sex: _____ Weight: _____

Vet's Name & Phone #: _____

Does your pet have any known medical or behavioral issues?: _____

Any Allergies?: _____

Is your pet on any Medication? _____

Preferred Appointment Reminder Method: Call / Text / Email

Do we have permission to post photos of your pet on our website and/or social media pages? YES / NO

PLEASE REVIEW OUR POLICIES AND SIGN BELOW

Vaccinations: For the safety of your pet, other clients pets, and of the groomer you must provide proof that pet is up to date on all vaccinations.

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 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 on to the regular grooming price if my pets 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 matted pets take additional time to groom so there will be an additional fee added on to the regular grooming price if my pets coat is matted.

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.

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. If two appointments are missed without giving notice, clients are then required to pre-pay prior to scheduling any future appointments.

Signature _____ Date _____