

PET GROOMING CONSENT & RELEASE FORM



Client's Name _____
Address _____
_____ Phone _____
Email _____

How did you hear about us? _____

Additional Notes:

Pet's Name _____ Today's Date _____
Breed _____ Sex ___ Age _____
Vet _____
Does your pet have any known medical issues? _____

Is your pet taking any medications? _____

1. What is your preferred method of contact for appointment reminders? (*please check one*)
 Phone call Text message Email

2. Occasionally we post photos of some of our favorite pets. Do we have your permission to post photos of your pet on our website and/or social media pages? (*please check one*) Yes No

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).*

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 bum or cuts to occur. Other conditions related to matting may also occur or be revealed after the groom is completed, including but not limited to, hematomas, bald spots, skin irritation, and temporary change of demeanor. 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.*

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 may then be required to pre-pay prior to scheduling any future appointments.*

I have read and understand the above policies _____
Signature _____ Date _____