PET PARENT AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that my dog(s), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is/are in good health, have not been ill with any communicable diseases or parasites in the last 30 days, and have not shown aggressive or threatening behavior towards any person or any other dog. I also have read and understand and agree to the following.

 • Spa and Grooming. I understand that City Pet Grooming is not an open-play environment. We kennel the dogs after the grooming session is finished while waiting. Please make sure you dog is up to date on all vaccinations. Some illnesses are viral and may be spread by air. Please see below.

 • Injuries, usually benign, such as broken nails, sore pads, puncture wounds, abrasions and cuts, particularly in shorter coated breeds, etc

 • Behavioral problems. I understand that if my dog(s), has/have spa or grooming services, my dog(s) is/are inherent risk for skin irritation, shampoo in eyes, risk of cuts, nicks, scratches, cutting of the nail quick, etc.\_\_\_\_\_\_\_\_\_\_(initial).

I understand if my dog is tangled (matted), it may be irritated from unseen sores under the matting that can’t be seen until shaved down. The razors have to go close to the skin to remove the tangles and can also cause irritation. \_\_\_\_\_\_\_\_\_\_\_(initial)

 Pet Health Issues at City Pet Grooming If health or behavioral problems develop with my dog(s), that these will be treated as deemed best by the staff of City Pet Grooming within their sole discretion, and that I assume full financial responsibility for any and all expenses involved. If my dog(s), become ill or injured, or is suspected to be ill or injured, or if for any reason veterinary care is indicated, I authorized City Pet Grooming to seek and provide veterinary care from my designated veterinarian or a veterinarian of their choice. If my dog’s condition is emergent, I understand City Pet Grooming will seek care at the closest veterinarian’s office location. During my absence, City Pet Grooming will be caring for my dog(s). In the event of an emergency, I authorize the release of all medical records pertaining to the medical needs of my dog(s) to City Pet Grooming. I give representatives of City Pet Grooming authorization to communicate with said veterinarian regarding, diagnosis, prognosis and treatment of my dog(s)\_\_\_\_\_\_\_\_\_\_\_\_\_(initial).

 • Liability Release City Pet Grooming and their team will not be liable for any health or behavioral problems that may develop in my dog(s), and I hereby release them of any liability of any kind whatsoever arising from my dog(s) attendance and participation at City Pet Grooming. I am solely responsible for any harm, including to any other dog(s), to the employees or invitees of City Pet Grooming, or to the equipment, or property of City Pet Grooming, caused by my dog(s) while my dog(s) is/are attending City Pet Grooming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 • Photography Release Photographs or other graphic, sound or images, likeness recordings, etc may be made of my dog(s) at City Pet Grooming and that such may be used for any purpose without compensation, and I release to City Pet Grooming to use on social media\_\_\_\_\_\_(initial).

 • Fees & Payments Payment is required when services are rendered. If any amounts remain due after 30 days, City Pet Grooming reserves the right to impose interest at the rate of 1.5% per month until paid. If City Pet Grooming pursues collections proceeding, I will pay reasonable attorney’s fees and costs of collections.

 • Hours of Operation and Pick up Please refer to our website or instore for store pickup hours. We reserve the right to impose a fee for dogs picked up after regular business hours. If your dog is not picked up within 30 minutes of closing, we will assume that you are boarding and will impose boarding fees and an overnight charge.

I HAVE READ AND UNDERSTAND ALL TERMS OF THIS AGREEMENT

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SIGNATURE DATE Print Name

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Street Address City State Zip

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_