



Grooming Enrollment Form

Vaccination Records MUST accompany this form.

Owner Information

Name(s):		
Street Address:		
City:	St:	Zip:
Home Phone:		Work Phone:
Cell Phone:		Other Phone:
Email:		

Pet Information

Name:		Breed:
Date of Birth:	Age:	Coloring:
Sex: Male Female		Weight:
Neutered Spayed		Any physical abnormalities:

Veterinarian Information

Clinic:		
City:	St:	Phone:

Referral Information

Who referred you to Clever K9s or how did you hear about us:
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Terms. Pets are accepted for grooming only under the following conditions:

1. The animal is fit and healthy. Any grooming which takes place on an elderly animal or animal with health problems will be at owners own risk. Grooming may expose pre-existing health/skin conditions for which the groomer cannot be held liable.
2. The animal is up-to-date on vaccinations.
3. In the event of a health emergency we will immediately contact you, the owner. If the owner cannot be reached, we are authorized to contact your veterinarian and authorized the vet to treat the dog as necessary.
4. I understand that if my dog is severely matted, shaving will be required. Shaving may expose pre-existing skin conditions and/or the skin may be irritated from the clippers. I am fully liable for any existing skin condition.
5. Grooming prices are estimates only & may vary according to: condition of the dog, special handling requirements/requests and de-matting
6. The Groomer has the right to decline performing services on a dog that exhibits aggressive or out-of-control behavior that could result in injury to the groomer and/or the dog.
7. Any liability of Clever K9 pursuant to this Agreement shall not exceed the amount paid to Clever K9s for the grooming.
8. I understand that any images of my dog(s) in a media format (pictures, videos, etc) are property of Clever K9s Inc. and authorize the use thereof for publicity/advertising purposes.
9. Electronic copies of this Agreement shall be binding upon the parties.

Owner Signature: _____ Date: _____

Printed Name: _____

Clever K9s representative: _____