

# GROOMING AGREEMENT



Please indicate your preferred method of communication for appointment reminders, updates, and follow ups (you may choose more than one):

Email

Phone Call

App Messaging

Initial each section below:

\_\_\_\_\_ Please confirm that you've disclosed all known health conditions, behavioral issues, and current medications for your pet. By confirming, you acknowledge that any undisclosed information may increase risks during grooming.

\_\_\_\_\_ You authorize Tails R Waggin' (hereinafter referred to as TRW) to obtain/verify all medical records for your dog from the veterinarian(s) provided; and you authorize the veterinarian(s) to provide these records to TRW.

\_\_\_\_\_ All dogs must be and remain current on vaccines against: Rabies, Bordetella, and DHLPP. Your dog will not be admitted into the facility without prior authorization that vaccines have been administered by a veterinarian. In addition to being and remaining current on flea/tick and heartworm prevention. No dog will be admitted with current worms. If fleas are found, your groom will cease, and you will be notified to pick up your pet.

\_\_\_\_\_ Your pet's comfort is our top priority. In the event that your pet's coat is matted, the groomer will assess the situation and determine the most comfortable option. For mild matting, the groomer may attempt carefully dematting (\$15/hour fee) to preserve the coat. However, if the matting is severe, the groomer may recommend shaving to prevent unnecessary pain and stress. Please confirm that you understand and consent to our professional judgement in choosing the best approach in handling matted coats.

\_\_\_\_\_ You understand the groomer will use their professional judgement to achieve the best results for your pet, taking into consideration your pet's health, coat condition, and style requested by the client. If at any time the groomer has determined the dog is too stressed to continue the groomer may stop the groom and have the client pick up their dog even if the groom is not complete. Please confirm that you understand and consent to our professional judgement in choosing the best approach for your pet's well-being.

\_\_\_\_\_ We understand that sometimes plans change. Please confirm that you will provide at least 24 hours' notice for cancellations so that the time can be made available to clients on our waiting list. If two appointments are missing without notice, you may be required to pre-pay before scheduling any future appointments. Any client who is more than 15 minutes late will be charged a \$40 late fee. Any client who is more than 30 minutes late may be asked to reschedule.

\_\_\_\_\_ Payment is required at the time of services rendered. We accept cash, check, Visa, Mastercard, AMEX, and Discover. Failure to provide payment may result in your card on file being charged any part due balances, plus a 3% late fee.

\_\_\_\_\_ I release, indemnify, and hold TRW harmless from any and all manner of damages, claims, losses, liabilities, cost and expenses, cause of actions or suites, whatsoever in law or equity (including, without limitation, attorney fees and related costs) arising out of or related to services provided by TRW.

\_\_\_\_\_ I authorize my pet(s) photo(s) to be used on social media, websites, and/or marketing content.

\_\_\_\_\_ TRW will take all precautions to prevent illness and injury from happening to your pet(s) during their stay with us. Due to the nature of the pet care industry, it is possible that your pet(s) may encounter communicable diseases and/or be injured during their stay. If your pet(s) become injured or ill you will be notified; however, it is the owner's responsibility to treat such illness or injury.

#### *Emergency Medical Care*

If in our judgement, your pet requires immediate medical care while with us, and we are unable to reach you or your emergency contact, please note that we will seek medical attention for your pet. In this case, your pet will be taken to New Hope Veterinary Hospital, **at your expense**. By signing, you are agreeing that in the event that emergency care is required for your pet you are solely responsible for the payment of all medical bills and you release TRW, its owner, management, and employees of and from any and all responsibility for claims, damages, debts arising out of or related to such medical care, including, but not limited to, choice of veterinarian/animal hospital and transportation to/from the facility. You also acknowledge that TRW is not required to give any medical aid.

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Signature

Date