

# REOCCURRING GROOMING AGREEMENT



Dogs Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial each section below:

\_\_\_\_\_ 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.

\_\_\_\_\_ 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