



Date: _____

Owner Information		
First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Mobile Phone:	Home Phone:	Work Phone:
Email Address:		
Secondary Owner Name:	Phone	Email
How did you hear about us? <input type="checkbox"/> Google/Internet <input type="checkbox"/> Other _____ <input type="checkbox"/> Friend (Provide name) _____		
Emergency Contact (If we can't contact anyone above who would you like us to call?)		
Name:	Phone:	Relationship:
Veterinarian Information		
Business Name:	Vet Name:	Phone Number:

Pet Information		
Name:	Type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight:
Birth Date:	Color/Markings:	

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Health and Grooming History								
	Yes (Explain Below)	No		Yes (Explain Below)	No		Yes (Explain Below)	No
Allergies:			Sensitive skin:			Heart condition:		
Blind:			Deaf:			Musculoskeletal Issue:		
Diabetic:			Epileptic:			Warts/moles/Skin Tags		
Biter:			Shy/Nervous:			Comfortable in Kennel:		
Barker:			Hyper:			Aggressive: <input type="checkbox"/> Kennels <input type="checkbox"/> People <input type="checkbox"/> Animals <input type="checkbox"/> Other _____		

Other Information (Use this space to explain health/behavior conditions)

	Yes	No
Professionally Groomed Before?		
Scared of Dryer?		
May we give you pet treats?		
Shampoo Preferences:	<input type="checkbox"/> Oatmeal <input type="checkbox"/> Deodorize <input type="checkbox"/> Hypoallergenic <input type="checkbox"/> DE-Shedding	<input type="checkbox"/> Medicated <input type="checkbox"/> Full Scented



Safety Grooming Release

The safety of your pet is very important to us, as well as making the grooming experience as pleasant as possible. Please **review and sign** this safety grooming release form so that we can continue to provide a safe environment for your pets and our staff.

Health and Medical Problems

There are occasionally existing hidden medical issues that can be uncovered or even aggravated by the grooming process. The pet parent will be made aware of any issues that we may find. However these conditions may occur after the pet has left the grooming shop. The pet parent will be responsible for any veterinary expenses related to the care of these conditions upon signing this agreement.

Accidents

When working with live animals and sharp equipment although we take extreme caution and it is very rare accidents can occur. These accidents can occur due to a wiggling or moving pet, this can include nicks, scratches, cuts or quicking of the nail. The pet parent will be notified in the event of an accident. If your Woofenbark stylist feels the pet does need veterinary care and the pet parent is not on-site we will seek medical care for your pet.

Veterinarian Authorization---Medical Emergencies

This release gives Woofenbark Pet styling full authorization to seek medical treatment from the nearest licensed veterinarian in the case of any medical emergencies while the pet is in the care of Woofenbark pet styling. All Veterinary costs that are not related to any accident due to grooming will be the responsibility of the pet parent.

Current Vaccinations

All Dogs being serviced in our grooming salon must be current on their rabies vaccination and provide documentation of such. All Puppies must be at least 12 weeks old and current on their puppy series vaccines with documentation of such.

I have reviewed this service contract for accuracy and understand the contents of this contract. I affirm that I am the rightful and legal owner of the dog(s) or cat(s) for which services are being rendered. I authorize this signed contract to be valid approval for future grooming services, permitting Woofenbark to accept telephone reservations or emails for service without additional signed contracts or written authorization. I understand that pricing is subject to change and I have read, signed and agree to the above.

Signature: _____ **Date:** _____

(Please initial each policy below as read and understood)

_____ **Cancellation and No Call/No Show Policy**

Same day cancellations within 5 hours of appointment will result in a \$10 fee per dog added on to your next appointment. No Call/No Shows will result in a \$20 fee per dog added on to your next appointment.

_____ **Extended Stay**

(Initial) Dogs that are left in our care for more than one hour after closing at 5pm or one hour after called if called after closing will be charged and additional \$5.00 per hour.

_____ **Fleas/Ticks**

(Initial) Flea/Tick treatment will be given to any and all pets that come to the salon with fleas/ticks and the cost of the treatment will be added to the cost of services.

_____ **Dangerous or Aggressive Animals**

(Initial) Woofenbark has the right to refuse any service at any time. In the event that your pet is too stressed or becomes dangerous to groom. Woofenbark has the right to refuse service, stop grooming services, or cancel services at any time before, during, or after grooming.

_____ **Sedated Pets**

(Initial) Pet parents must inform their stylist of any pets that have been given medication for the purpose of sedation. The medication must be veterinarian prescribed. With any medication there can be complications. In the event of any complications your pet will be taken to the closest licensed veterinarian and all cost related to the visit will be the responsibility of the pet parent.

_____ **Matted Coats**

(Initial) Pets with severely matted coats require extra attention. Mats in a pet's coat grow tight, and can ultimately damage and tear the pet's skin, which provides a breeding ground for parasite infestations and infections. Woofenbark will not cause serious or undue stress to your pet by DE-matting excessively matted coats and may require the pet to be shaved. Removing a heavily matted coat can cause nicks, cuts, or abrasions due to skin growths trapped in the mats. Heavy matting can also trap moisture and urine near the pet's skin allowing mold, fungus or bacteria to grow, producing skin irritations that exist prior to the grooming process. After-effects of the mat removal procedure can include itchiness, skin redness, self-inflicted irritations or abrasions, and failure of hair to regrow. In some cases, pets may also exhibit brief behavioral changes. If you pet needs to be shaved to remove matting, you acknowledge that you agree to this procedure and any risk presented. There will be a DE-matting charge of \$5.00 for every additional 30 minutes spent DE-matting.

_____ **Satisfaction**

(initial) Your satisfaction is important to us. If you are unhappy for any reason, and would like something adjusted, we will be happy to make any adjustments when you pick-up your pet from his/her appointment. We also understand that your pet is excited to see you when you pick them up, making it hard to closely evaluate the haircut. If once you get home, you decide that you would like something adjusted, please call us and we'll make arrangements. You must call us and bring your pet in withing 24 hours of picking them up from their appointment, otherwise a fee may apply.

Date: _____

Woofenbark CPR or DNR Consent Form

Pet's Name: _____ Owner's Name: _____

Woofenbark is committed to providing pets in our care with the safest experience possible. For dogs experiencing advanced disease, advanced age, multiple disease processes, or a disease considered to be terminal, it's appropriate to decide in advance whether aggressive measures of resuscitation (CPR) will be employed if needed. Any pets that require CPR will be taken to the nearest veterinarian available for further treatment as soon as the pet is able to be moved.

DNR means "do not resuscitate". This is a decision that resuscitation (CPR) is not to be performed in the event that the pet stops breathing, has no heartbeat, collapses or becomes unconscious.

Resuscitation (CPR) of a collapsed or unconscious dog is tailored to meet the needs of the individual but may include any or all of the following:

- Chest compressions
- Rescue Breathing

Animals that have survived cardiopulmonary arrest and have been successfully resuscitated (CPR) are extremely critical and unstable. Management of the post-arrest patient requires vigilant monitoring and the technical expertise of dedicated critical care personnel. This care is costly and the outcome is uncertain.

I have read and understood the information above or have had it explained to my satisfaction. Hereby, I expressly agree to release Woofenbark, LLC, from liability for any and all damages to my pet and agree to hold Woofenbark, LLC, its agents and representatives harmless from any liability (except in the case of gross negligence).

_____ Signature of Owner/Agent Date

(Check Box) DNR I DO NOT wish the staff to perform CPR on my pet. I understand that if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness if CPR is not performed, my pet will pass away.

_____ Signature of Owner/Agent

OR

(Check Box) CPR I wish the staff to perform resuscitation (CPR) on my pet if my pet suffers from cardiac arrest, respiratory arrest, collapse or unconsciousness.

_____(Initial) I accept that if the Woofenbark LLC staff is unable to reach me within 20 minutes after the initial CPR procedures, the pet will be surrendered fully into the care and judgement of the nearest available Veterinarian and staff. I understand that despite the best efforts of the Woofenbark LLC staff, even the most successful CPR that may restore my pet's life may not allow for my pet to regain his/her normal mental and physical health.

_____(Initial) If I request such emergency procedures, I agree to be held responsible for veterinary services provided to my pet while staff members pursue treatment and try to reach me for further directions. Regardless of my pet's recovery or survival,

_____ Signature of Owner/Agent

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