



# Senior Pet Form

**Precision Kuts**  
Pet Grooming

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Your pet's health and comfort are the utmost important to us and we understand that senior pets may have different health needs because of aging. We will make every effort to accommodate your pet and make them as comfortable as possible during their grooming process.

At times, grooming may be over stimulating and stressful. If at any time we feel that your pet is having a challenging time, we will stop the grooming and call to inform you of any issues.

In the best interest of your pet, we request your permission to obtain veterinary medical care if an issue arises while your pet is in our care.

I hereby grant Precision Kuts Pet Grooming permission to obtain emergency veterinary care for my pet if needed. Also, I realize that grooming can expose hidden medical problems or can aggravate a

- current existing one. I will not hold this establishment,
- its groomers, or employees responsible for an
- accident or injury to my pet while in their care.



Pet Parent Signature: \_\_\_\_\_