Grooming Consent and Release Form

Owner's Full Name: _____ Phone # _____



Email:					
Pet's Name:	Breed:	Weight:	Sex:	_ Age:	yr(s)
Veterinarian / Clinic Name		Phone #			
Please list any known current o	r past health issues				
Has the pet been groomed pro	fessionally before?	When?		_	
Has the pet shown any aggress	ive behavior while be	ing groomed or handled?			
Please review our policies and th	nen sign below.				
Behavior: I understand that it is r behavior while being groomed o my pet displays aggressive beha up my pet immediately.	or handled. For the sa	fety of my pet and the Do	ggy Spa LL0	Staff, I und	erstand that if
Emergencies: In the event of an air ian attention for my pet(s) at my of an emergency.					
Coat Condition: I understand the groomer may have to shave the if my pet is severly matted, there take additional time to groom so coat is matted.	matts out rather than is an increased risk fo	perform a painful dematt or clipper burn or for cuts t	ing proced to occur. I u	ure. I also un nderstand th	derstand that nat matted pet
Health: I understand that groom health conditions or stress-relate sensitive areas and I will not hold necessary to have my pet up to o	ed issues prior to groo d Doggy Spa LLC resp	oming. I understand that gonsible for any accidential	rooming in I injuries. I	volves sharp	tools around
Drop off/Pick up Procedure: I und week and by 3pm on Saturdays					
Owner's signature			_ Date:		