

General Release Form

Your pet is **IMPORTANT** to us!

We care about your pet's safety and well-being and want to assure you that every effort will be made to make your pet's visit as pleasant as possible.

Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming.

In the best interest of your pet, we request your permission to obtain immediate veterinary treatment at Black River or Chester Veterinary, should it become necessary.

Below are our policies relating to Appointment Reminders, Cancellations, Late Arrivals, and No-Shows. These are also listed on our website (www.puccipetspa.com)

- **Automated text reminders are sent 3 times (booking of initial appointment, 3 days prior to appointment, and 1 day prior to appointment).** We would like to take this time to remind you these spots cannot be filled at the last minute, which affects other clients, the groomer, and the business. With that being said, we understand that emergencies can happen and will give consideration to your situation.
- **Appointments canceled less than 48 hours prior to your scheduled appointment will be charged 25% of the service cost.**
- **No-shows will be charged 50% of the service cost.** After your first no-show, you will be required to pay the full grooming fee for all future appointments.
- **Please call us if you are running late.** We are only able to perform the grooming services for your pet in the time allotted for your scheduled appointment. If you arrive more than 15 minutes late to your scheduled appointment, we may not be able to perform your scheduled grooming services and you may need to reschedule your appointment so that we can stay on schedule with our other clients.

I hereby grant permission to Pucci Pet Spa to obtain emergency veterinary treatment for my pet at my expense. Also, realizing that matted pets have a greater chance of injury during grooming, I will not hold Pucci Pet Spa liable for accident or injury to my pet.

Customer Name: _____

Address: _____

Cell #: _____ Home #: _____

Vet Name: _____

Pet Name: _____ Breed: _____

*Rabies Expiration Date: ____/____/____ Age: _____

Owner Signature: _____ Date: ____/____/____

Additional Notes:

Please email signed document to puccipetspa@gmail.com prior to your appointment