

Hair of The Dog... A Pet Salon

Senior Pet/Medical Release Form

Date: _____

Pet Owner: _____

Phone Number: _____

I understand that my pet(s) have medical condition(s) and/or is/are senior(s). I am aware that grooming and/or boarding can cause stress that can exaggerate or expose new problems, or even lead to a serious medical event or death.

I understand there are mental and behavioral changes in senior dogs or dogs with medical conditions, and they are groomed for comfort only and not appearance.

I release the Hair of The Dog from any liability should any problem/medical issues occur.

I am solely responsible for any and all medical bills related to my dog, and should an emergency arise, I give permission to Hair of The Dog to seek veterinary care at the nearest veterinary clinic. I understand that Hair of The Dog has the best interest of my pet in mind and will do everything to keep my pet safe.

If Hair of The Dog feels that grooming and/or boarding will be too stressful for my pet, the groom/board will be stopped immediately and I will be contacted.

Pet(s) Name(s): _____

Medical Condition(s):

Owner Signature: _____