



Grooming Consent & Release Form

HEALTH CONDITIONS: I understand that it is necessary for me to inform the groomer if my pet has any health conditions or stress-related issues prior to grooming.

VACCINATIONS: I Understand all pet(s) must be current on all vaccinations. Official updated vaccination records are requested for each pet. (DOGS - Rabies, DHPP & Bordetella: CATS – Rabies & FVRCP).

EMERGENCIES: I authorize the groomer to act as my agent in the event of emergency veterinary services (at my expense). I understand that all attempts will be made to contact me in the event of an emergency.

MATTED COAT: Allowing a pet coat to get matted is not only uncomfortable for your pet but also dangerous to your pets(s) health. I understand that the groomer may have to **SHAVE** the mats out. I also understand that there will be an additional fee added onto the regular grooming price if my pets coat is matted. I am aware that neglect of my pets coat can cause for problems after grooming/shave down such as clippers/brush irritation or itchiness.

MISSED APPOINTMENTS: If there was no given notice for a missed appointment, the client may then be required to pre-pay prior to scheduling any future appointments.

RETURNED CHECK: Checks that are returned are subject to a \$25 service charge.

PICK UP TIME: Once the groomer is finished with the service provided, we will call you to let you know that your pet is ready to be picked up. If the pet has not been picked up within 2 hours from the given phone call, a daycare fee will be charged to you upon pick up.

I AUTHORIZE CASA DE AMIGOS ANIMAL HOTEL TO TAKE PHOTOS OF MY PET FOR THE COMPANY WEBSITE AND FOR SOCIAL MEDIA PAGE(S). Initial here: _____


I understand and acknowledge that unsuitable pet behavior may result in termination of grooming privileges. Initial here: _____

I have read, understand, and agree to abide and be bound by the terms and conditions of this Grooming Agreement in its entirety.

PRINT NAME: _____

DATE: _____

SIGNATURE: _____

Over 

OWNER INFORMATION

First & last name: _____

Address: _____

Email: _____

Contact number: _____

Other people authorized to pick up your pet? **Y/N**

If yes, please list name of person(s): _____

Contact number(s): _____

EMERGENCY CONTACTS

Emergency person's name(s): _____

Relationship: _____ Contact number: _____

Veterinarian clinic's name: _____ Clinic's contact number: _____

PET INFORMATION:

Pet name: _____ Male/Female Spayed/Neutered

Approx. weight: _____ DOB: _____ Breed: _____

Color(s): _____

Any behavioral information you'd like the groomer to know about your pet? **Y/N**

If yes, please explain: _____

_____  Initial here