

## Grooming Release Form



Owner's Name:		Date:		
Address:		City:	Zip:	
Pet's Name:	Breed:		Age:	
My personal vet is:	sonal vet is: Vet Phone:			
Home Phone:	Cell:	E-mail:		
forward to making your pet no soaps, detergents, sulfate grooming product please di groomed as safely as possib held responsible for stressfu acknowledge our grooming	s experience a favorable one. We es or harsh chemicals. If your pet iscuss this with your Groomer. A le, working with pets can be unpreal effects that grooming may have policies thoroughly. Please be away	tuse only natural grooming has any allergies, special conditional although every effort will be dictable and the occasional aupon your pet. As the pet care that we have a zero tolerate	ntle and careful grooming, we look and cleaning products that contain onditions, or requires a specialized be made to insure that your pet is accident may occur. We cannot be owner, please carefully review and ance policy for aggressive pets.	
Maintenance hair cuts are i		eeds. Anal gland expressio	ons are not provided as part of our	
circulation to the skin causic coat causing further skin is mats. The skin underneath of	ng hot spots or bacterial / fungal in sues. Matted fur also pulls and bi can be raw and inflamed. Severely to care for your pets coat in the	nfections. Fleas, ticks and ot ands, causing pain to your p- matted coats will require spe	. Matted fur does not allow for air her parasites may be lurking in the et when they move or lay on their ecial attention. Your Groomer will t brush out a coat that is severely	
problems uncovered on a b self inflicted irritations/abra downs or de-matting are u	adly matted or otherwise neglecter isions from excessive external rub inpredictable and subject to the partial of de-matting or shave do	d coat including, but not lir bing. I understand that time articular condition of my p	de-matting, clipping procedures, or nited to: itchiness, skin redness or ne and costs associated with shave net. Consequently, I agree to pay tted" is at the sole determination of	
grooming staff determines t stress and discomfort it wot authorization for this pet by	hat a shave down is the best recound cause your pet if we were to at	rse for grooming your pet. 'ttempt to brush or groom the below. Your selection ackn	h evaluation of your pet's coat, the This decision is made based on the eir coat. Please choose the level of owledges that you are aware of the t of the shave down.	
This authorization is for	the current visit only(Init	ial)		
This authorization is on-	going, until I request in writing tha	at it be cancelled (In	itial)	
Please call me for appro	val prior to any shave down.	_ (Initial)		
My pet is never to be sha	aved down under any circumstance	and it will be returned un-g	roomed with mats (Initial)	

## Naturally 4 Paws - Grooming Release Form - Page 2

We reserve the right to refuse to groom any pet for the health and safety of the groomer or the pet. A muzzle may be used, or services discontinued if Groomer determines that a pet presents an unsafe condition to itself, any staff member or another client. Such conditions include, but are not limited to: aggression, behavioral issues, health problems, fleas or parasites.

buen conditions include, but are not inniced to: aggressio	m, conditional issues, neutral processing, from or parasites.
	she is properly crate trained. If service is discontinued due to aggression, be contacted for the immediate pick-up of my pet. If I do not pick up my fee (Initial)
Flea Policy: I acknowledge that if any fleas are found o added to the total cost of my grooming package.	on my pet that a Flea & Tick package will be automatically performed and (Initial)
problems, and can expose hidden medical issues or aggr may only be groomed for cleanliness and comfort, in st permission to obtain immediate Veterinary treatment for	ravate a current one during or after the groom. These "special needs" pets yles that will not add to their stress. This contract gives Naturally 4 Paws r your pet should it be deemed necessary by our grooming staff. We will your authorized Veterinarian (within a 5 mile radius) or to our preferred the sole responsibility of the pet owner.  [Initial]
Felines: All cats must have proof of recent vaccinations	and must be brought to their appointment in an appropriate cat carrier.
	as no aggressive tendencies whatsoever. I understand and agree that I will roperty damage caused by my pet. Naturally 4 Paws has a zero tolerance (Initial)
my pet at the pre-arranged time and will notify Naturally manifest in the soiling of kennel and fur, in which case I be picked up before 6:00 P.M. or I agree to pay a \$50 l additional \$100 overnight boarding fee. I am aware that	the premises once all grooming services are complete. I agree to pick up y 4 Paws immediately of any delays. Delays can cause stress which could would still be responsible for the full grooming service charge. Pets must late fee. Any pet not picked up by closing time (8:00 P.M.) will incur an Naturally 4 Paws does not provide boarding services and therefore my pet been picked up by 12:00 Noon the following day, Naturally 4 Paws will r choice at my expense. (Initial)
effort to work with you regarding scheduling conflicts of rebooking or cancellations. Cancellations or rebooking incur no reschedule fee. Any schedule change with less or 50% of your grooming estimate (whichever is greate	nizes that both client and groomer's time are valuable and will make every r issues. We understand that emergency situations may arise in regards to a made at least 24 hours in advance of your scheduled appointment will than 24 hour notice could incur a \$20 fee. No-shows will be charged \$20 fer) that will be added to your next visit. Pre-payment may be required to a No-show charge has been accrued. Clients that arrive in excess of 15 feet. (Initial)
operators, employees and groomers harmless from any any pet left under the custody of Naturally 4 Paws. If an	, you (and/or your Agent) agree to hold Naturally 4 Paws, it's owners, damage, loss, or claim arising from any known or unknown condition of my provision of this Agreement is held to be prohibited by or invalid under to the extent of such prohibition or invalidity, without invalidating the
CAREFULLY READ, CLEARLY UNDERSTANDEREIN. I ACKNOWLEDGE THAT THIS AGREE	AND INTENTIONALLY SIGNED AND AGREED TO. I HAVE D AND ACCEPT THE TERMS AND CONDITIONS STATED EMENT SHALL BE EFFECTIVE AND BINDING UPON MYSELF, TIVES AND ESTATE AND ALL MEMBERS OF MY FAMILY.
Client Signature	Printed Name of Client
Staff	Form Date: January 2015