



Pet Grooming Release Form

Pets Name: _____
Breed: _____
Weight: _____
Color: _____
Date of Birth or Approx. Age: _____
Microchip # (if applicable): _____

Your pet is important to us. Because we care, we want to assure you that every effort will be taken to make your pets visit as pleasant and enjoyable as possible. Due to the unpredictable behavior of animals, situations arise that are unexpected. Please initial any of the following pertaining to your pet.

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

____ Senior Pet: I understand that senior pets (age 7 or higher) may have a greater chance of injury.

____ Fuzzy Pet: Because my pet is severely tangled and/or matted, it is a greater risk of injury, stress and trauma. All precautions will be taken. However, problems occasionally arise, during or after grooming, such as nicks, clipper irritation, and mental or physical stress.

Payment

1. I understand that due to the nature of pet grooming all quoted prices prior to actually grooming my pet are only estimates. Final price will depend on the temperament of each pet and the condition of its coat. Extra charges may apply for pets that are matted and/or difficult to manage.
2. I understand Urban Mutt Retreat has the right to refuse service to me and my pet at any time for any reason.
3. I understand Urban Mutt Retreat will charge me a \$35 handling fee for returned checks.

Liability

1. I (owner/parent) understand that if my pet has a history of aggression or biting, Urban Mutt Retreat LLC reserves the right to refuse service and all bites will be reported to the local authorities as required by law.
2. I understand that I am liable for any medical care expenses and damages that result from injuries caused by my pet.
3. I expressly waive and relinquish any and all claims against Urban Mutt Retreat LLC, its employees and representatives, except for those arising from negligence on the part of Urban Mutt Retreat LLC.
4. I have disclosed to Urban Mutt Retreat LLC all known dangers associated with my pet.
5. I expressly understand and agree that Urban Mutt Retreat LLC shall not be held responsible for any damage to my property.
6. I understand that under no circumstances will Urban Mutt Retreat LLC be liable for consequential damages or damages.
7. If any medical problems develop while my pet is in the care of Urban Mutt Retreat, I authorize Urban Mutt Retreat LLC to do whatever is necessary for the safety, health and well being of my pet. Further I assume full financial responsibility for any and all expenses incurred.
8. I hereby declare to Urban Mutt Retreat LLC that I am the legal owner of my pet; that my pet has not been exposed to any infectious illness within the last (30) thirty days; that my pet has been properly inoculated for the following vaccinations: Rabies, Distemper, Parvovirus, Leptospirosis and Bordetella as well as a negative fecal exam within the last year; that my pet is currently and properly licensed; I (the owner) certify the information I have provided to be true and accurate; and I (the owner) have read this agreement in it's entirety.

Vet Clinic Name: _____

Address: _____

Vet's Name: _____

Vet's Contact Phone #: _____

Does your dog have any allergies? If so please list below:

If you have more than one dog- you will need to fill this form out for each dog.



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Vet Clinic Name: _____

Address: _____

Vet's Name: _____

Vet's Contact Phone #: _____

Does your dog have any allergies? If so please list below:

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Good news - you only have to do this on your first visit.

Temper:

Difficult ____

Excellent ____

Good ____

Nervous ____

Does your dog have any of the following attributes/ailments:

Arthritis ____

Consistent Barking ____

Bites ____

Blind ____

Deaf ____

Existing Skin Conditions ____

I understand the pick up and drop off procedure outlined on the website.

I have read all of the information on both sides of this document concerning liability and payment requirements and agree and comply:

Print Name

Signature

Date