



Client Information

All pets MUST be up-to-date on rabies shots prior to services

Owner

Name(s): _____
Address: _____ City: _____ State: _____ Zipcode: _____
Phone Number:(____)____-____ Alternate Phone Number:(____)____-____
Email: _____

Pet

Pet Name: _____ Breed: _____ Age: _____ Color: _____

Gender: Male Female

Spayed/Neutered: No Yes

Rabies Due Date: _____

Medical conditions (Allergies, Sore(s)/Sore area(s), Injuries)/Behavior issues:

Pet Name: _____ Breed: _____ Age: _____ Color: _____

Gender: Male Female

Spayed/Neutered: No Yes

Rabies Due Date: _____

Medical conditions (Allergies, Sore(s)/Sore area(s), Injuries)/Behavior issues:

Pet Name: _____ Breed: _____ Age: _____ Color: _____

Gender: Male Female

Spayed/Neutered: No Yes

Rabies Due Date: _____

Medical conditions (Allergies, Sore(s)/Sore area(s), Injuries)/Behavior issues:

Pet Name: _____ Breed: _____ Age: _____ Color: _____

Gender: Male Female

Spayed/Neutered: No Yes

Rabies Due Date: _____

Medical conditions (Allergies, Sore(s)/Sore area(s), Injuries)/Behavior issues:



Groomer

Veterinary Hospital: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Phone Number: (____) ____ - _____

Proof of rabies (Check one):

- Emailed certificate Saw copy of certificate in person Current rabies tag
 Current dog license tag/certificate/receipt Veterinary receipt with current rabies information
 Picture of any sent to (517)231-4155

Due Date: _____ Verified by Groomer: _____

Royal K9 Liability Waiver

This Release applies to all grooming appointments at Royal K9 for one year from the date at the bottom of this release.

I _____, hereby waive and release Royal K9, its employees, owners and agents from all liability for injury or damage which I or my dog may suffer as a result of the pet grooming process. I have disclosed any and all known dangers associated with my pet, including behavioral issues that may impact the safety of the grooming staff as well as the safety of my pet at Royal K9.

For Emergencies: I hereby grant permission to Royal K9 to obtain emergency veterinary treatment for my pet, at my expense. For my pet's benefit, Royal K9 will use the services of the nearest veterinarian.

Medical Problems: I understand pet grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming.

Senior Pet Grooming: I understand senior pets have an increased risk of injury and/or stress while grooming.

Tranquilization: Royal K9 will not tranquilize a pet for grooming nor will we accept a pet who exhibits signs of having been tranquilized.

Vaccinations: All pets are required to show proof of current rabies vaccination prior to grooming.

Fleas & Ticks: Royal K9 will treat your pet as we deem necessary. Royal K9 will not be held responsible for any side effects which may occur. I also understand that any such treatments are not guaranteed 100% effective and are not a substitute for preventives, house treatments etc...

Dematting: Royal K9 believes in humanity over vanity therefor Royal K9 has the right to refuse dematting to anyone. Royal K9 reserves the right to decide to have the matt(s) shaved out vs a dematting tool if Royal K9 deems it safer for the dog. Royal K9 will exercise all necessary precautions during the grooming process, but I am aware that if my pet is matted, it may be necessary to shave or dematt my pet, and that these procedures may have unpleasant consequences such as clipper burn, brush burn, or nicks and cuts. Royal K9 will use all precautions during these procedures but will not be held responsible for the aforementioned side effects.

I have read this agreement on this date _____ understand its terms and signed it freely.

Pet Owner or Agent _____

Royal K9 Representative _____