



Grooming Contract

Date:

Client #: _____

Client Name: _____ Pet Name: _____

I hereby entrust 2nd Avenue Animal Hospital's groomer to care for my pet for his/her grooming appointment. I am aware that if my pet is severely matted, the groomer may deem it necessary to shave or dematt my pet, and that this may cause unpleasant consequences such as clipper burn, brush burn, or nicks and cuts. In addition to these potential consequences, I will be responsible for the costs for said procedures. The groomer will use all precautions during these procedures, but 2AAH and groomer will not be held responsible for the aforementioned side effects. I am aware that if my pet is found to have fleas, the groomer of 2AAH will administer a Capstar flea killing pill. Due to the insecticides used, there may be side effects from the Capstar for which 2AAH and groomer will not be held liable in any manner. I am also aware that such treatments are not guaranteed 100% effective.

Please answer the questions below appropriately:

- Is your pet pregnant? Yes No
- Is your pet currently in heat? Yes No
- Does your pet take medication? Yes No
- Does the groomer have permission to shave your pet? Yes No

Please initial each statement below:

- _____ I give permission for 2AAH to administer any immediate or emergent veterinary treatment under special circumstances.
- _____ I give permission to 2AAH to take photographs and upload to website for advertising purposes.
- _____ I understand that all pets left for grooming at 2AAH are required to be current on all vaccinations. If I did not provide proof of vaccinations at the time of drop off, I hereby give permission for 2AAH to vaccinate accordingly.
- _____ I understand that if my pet misbehaves, bites, or acts in a manner that causes his/her grooming to be more difficult, or requires extra help from another agent or groomer, I will assume additional charges of up to \$10.00
- _____ I understand that the groomer has the right to refuse to groom any pet, for any reason.
- _____ I have read this agreement and understand its terms.

Is 2nd Avenue your primary Veterinarian? Yes No

If not, please fill out your Veterinarian's information:

Hospital Name: _____ Hospital Phone #: _____

Signature of Owner: _____ Contact # for the Day: _____

Emergency Contact # : _____

Special Instructions for the Groomer:

