

Customer Information and Pet Grooming Release Form

Owners Name _____
Address _____ City/State _____ Zip _____
Mobile _____ Home _____ Work _____
Email _____ (Only used for In The Dog House news & appointment reminders)

If your dog bites a staff member and the dog's rabies vaccination can't be verified, your dog will need to be quarantined for 10 days and then returned to In the Dog House for evaluation. If any concerns develop before 10 days, please contact us immediately. Thank you.

Vet Clinic Name _____ Number _____

1st Dog's Name _____ Age/Birthdate _____ Gender _____ Breed _____

Medical Concerns/Prior Grooming Experience _____

Rabies Vaccine Date _____ 1 year Vaccine 3 year Vaccine

Can we give your dog treats? Yes No

May we use your dogs photo on our Website, Facebook and other displays? Yes No

2nd Dog's Name _____ Age/Birthdate _____ Gender _____ Breed _____

Medical Concerns/Prior Grooming Experience _____

Rabies Vaccine Date _____ 1 year Vaccine 3 year Vaccine

Can we give your dog treats? Yes No

May we use your dogs photo on our Website, Facebook and other displays? Yes No

How Did You Hear About Us? _____

Referred By _____

If there is a need for excessive dematting, extra handling or special needs there may be an additional charge.

We at In The Dog House try to be on time with our appointments but due to the nature of our business, especially with our furry friends, that is not always possible. Thank you for your understanding.

Signature _____ Date _____

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Pet's name: _____

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

_____ **Medical Condition:** Occasionally, grooming can expose a hidden medical condition or aggravate a currently known one. This can occur during or after the groom. If this occurs during the grooming process, we will immediately stop the groom and notify you.

_____ **Senior Pet:** I understand that senior pets may have a greater chance of injury and/or stress. Bathing, drying, and standing for long periods of time for the groom may also be difficult for a senior dog. We will take all precautions such as giving your dog breaks and being acutely aware of their behavior. Even with these precautions, your senior pet may not be able to handle the process. If this is the case, we will stop the groom and immediately call you. If you are unable to be reached and it is an emergency, we will call the veterinarian.

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

_____ **Sassy/Anxious Pet:** I understand that sassy/anxious pets may have a greater chance of injury and/or stress. Bathing, drying, and standing for long periods of time for the groom may also be difficult for your dog. We will take all precautions such as giving your dog breaks and being acutely aware of their behavior. Even with these precautions, your pet may not be able to handle the process. If this is the case, we will stop the groom and immediately call you.

_____ **Other:** _____

Liability:

1. I have disclosed any known medical conditions to In The Dog House and understand that grooming may aggravate these conditions.
2. I have disclosed the age of my pet and understand that senior/sassy/anxious pets are at a higher risk of injury.
3. I waive any claims against In The Dog House and their employees, and I understand that In The Dog House will not be liable for any consequential damages.
4. If any medical conditions or problems develop while my pet is in the care of In The Dog House, I authorize In The Dog House to do whatever is necessary for the safety, health, and well-being of my pet. Further, I assume all financial responsibility for any veterinary care needed.
5. I am the legal owner of my pet, and my pet has not been exposed to any infectious illness within the last (30) thirty days, and my pet is current with rabies vaccinations.

I have read and understand all of the information on this document concerning liability. I agree to use In The Dog House grooming service.

Signature _____ **Date** _____