



FOUR PAWS

## FOUR PAWS REGISTRATION FORM GROOMING

Date: \_\_\_\_\_

### PET-PARENT INFORMATION

Pet-Parent #1 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about Four Paws?

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ABOUT YOUR DOG

Dog's Name: \_\_\_\_\_ Breed/Description: \_\_\_\_\_ Spayed/Neutered\*?  Yes  No

Color: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_ Birthdate (if known): \_\_\_\_\_ Age: \_\_\_\_\_ Gender  F  M

Any known history:

\_\_\_\_\_

### DOG'S HEALTH HISTORY

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Microchip #: \_\_\_\_\_ Microchip Company: \_\_\_\_\_

Does your dog have any medical conditions?

\_\_\_\_\_

Does your dog have any people aggressive, dog aggression, sensitivities to nail trimming, other behaviors?

\_\_\_\_\_

Does your dog have any skin allergies, physical sensitivities, growths?

\_\_\_\_\_

\*Required Vaccines include: Rabies

## FOUR PAWS RELEASE AND WAIVER

Four Paws Dog Daycare, Boarding, Training and Grooming (herein referred to as Four Paws) wants to make your experience a pleasant one. We will do all we can to make your pet feel comfortable and will advise you of any abnormalities seen while grooming your pet. If you are not satisfied with your pet's grooming we will do all we can to rectify the problem such as; re-bathing, re-cutting, re-brushing, or give you a limited credit toward your next appointment. However, we will not give refunds.

**Health and Behavior of Pet:** I agree and understand that Four Paws has relied upon my representation that my pet is in good health, has not injured or shown threatening behavior to any persons or animals, is current on all required vaccinations and is free of parasites.

**Aggressive Pets/Parasites:** Four Paws reserves the right to refuse service, or to stop a groom in progress, if your pet may pose a threat to themselves, other pets or staff, whether it be an aggression problem, health problem, or parasite problem.

**Owner Responsibility:** The owner agrees to be solely responsible and liable for any and all acts of behavior of their pet. This may include, but is not limited to, injury or death to pet, injury or death to another pet(s), or injury or death to a staff member or any other member of the public. Medical treatment expenses required by a staff member, a member of the public or for another pet will be the sole responsibility of the pet owner.

**Matted Hair on Pets:** Owner is aware that if the hair on pet is in a matted condition, pet may not be able to receive the style of cut requested. If the matting is severe, brushing out may be too stressful and painful for the pet. In this case Four Paws may not be able to continue the groom. A shave down or a much shorter cut may be a possible option. We will contact you if this is the only option. Extra care will be taken in the shave-down process; however, cuts or nicks could occur depending on the severity of the matting. If a cut or nick happens the owner will not hold Four Paws responsible.

**Grooming Enclosures:** I agree and understand that my dog (s) may be placed in grooming enclosures before, during or after grooming.

**General grooming risks:** Extra care will be taken when performing any grooming procedures, however, owner must understand possible reactions such as stress, skin irritation, possible nicks to the skin, or a toe nail quicked may occur. Additionally, problems occasionally arise after the grooming visit such as bleeding of nicks, clipper irritation, mental or physical stress. Grooming can also expose a hidden medical problem or aggravate a current one. Owner agrees not to hold Four Paws responsible for any injuries, which might result from this grooming process.

**Aging and Special Needs Pets:** Owner is aware that as a pet ages or if the pet has special medical conditions, the process of grooming may become stressful, both physically and mentally. The stress of grooming may cause latent, unknown, active or inactive conditions such as arthritis, bone, joint or surgical sites to become active or inflamed, and unknown active or inactive heart, kidney, or liver disorders to become active and can result in illness, seizures, or the death of the pet. Although Four Paws will take responsible care in the grooming of the pet, owner acknowledges that the stress of grooming may initiate immediate or latent medical problems in your pet. Owner agrees not to hold Four Paws responsible for reactions to grooming.

**Moles/Skin Lesions/Tumors/Other Skin Irregularities:** Because these skin irregularities may protrude from the skin, they are vulnerable to nicks or cuts during the grooming process; owner agrees not to hold Four Paws responsible for any cuts or nicks and skin reactions/irritations due to grooming process.

**Grooming Rates:** Owner agrees to pay the current grooming rate per visit per dog for services rendered. You will be advised of grooming rates prior to any work being done; however, certain treatments such as de-matting may not be pre-quoted but may be required to complete the groom.

**Cancellation & No Show Policy:** I understand and agree that if I fail to show up for my scheduled appointment or cancel with less than 24 hours notice I cannot make another appointment until the full cost of the missed appointment has been recovered.

**Picking Up of Pet:** If your pet is left at Four Paws longer than 2.5 hours past completion of their grooming, daycare charges may apply.

**Fee collection:** Fees are due at the time of service. If for any reason all fees and charges are not paid and it is necessary to pursue collection of said fees and charges through civil action the owner agrees that all related collection expenses and other costs shall be paid by the owner of the pet.

**Administering Aid:** I agree and understand that should my pet become ill or appear in need of medical attention, Four Paws shall have full discretion in administering treatment and I will pay any and all expenses involved in obtaining the necessary treatment, including, but not limited to, veterinarian visits, medications, examinations and surgery. Four Paws agrees to make reasonable efforts to contact me should aid be necessary, however, if they are unable to reach me or need to administer aid immediately, Four Paws may use their discretion and administer aid without contacting me first.

**Release of Liability:** I agree, understand and hereby release Four Paws, their owners, staff, partners and volunteers, financially or otherwise, for injuries to my pet, myself, or any property of mine while my pet is participating in services provided by Four Paws.

I have read and understood all terms of this agreement.

Pet Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_