

 Pet Grooming Contract

 **Date of Appointment:** ____ / ____ / ____

 **Drop-Off Time:** _____

 **Pick-Up Time:** _____

☐ I would like my pet to stay at daycare at the Pet Hotel (at cost)

 Owner Information

- **Full Name:** _____
- **Phone Number (Primary):** _____
- **Phone Number (Emergency):** _____
- **Email Address:** _____

☐ I consent to receiving text message updates on my pet's status and progress.

 Pet Information

- **Pet's Name:** _____
- **Species (Dog/Cat):** _____
- **Breed:** _____
- **Age:** _____
- **Weight:** _____
- **Color/Markings:** _____

- **Sex:** ☐ Male ☐ Female
 - **Spayed/Neutered:** ☐ Yes ☐ No
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Veterinary & Vaccine Information

- **Veterinarian Name/Clinic:** _____
- **Clinic Phone:** _____

☒ **Required Vaccinations (Please check all that apply & provide proof):**

For **Dogs:**

- ☐ Rabies
- ☐ Distemper/Parvo (DHPP)
- ☐ Bordetella (Kennel Cough)
- ☐ Canine Influenza (CIV)

For **Cats:**

- ☐ Rabies
- ☐ FVRCP

☐ I confirm that my pet is up to date on all required vaccinations, that the vaccines have been administered no earlier than the last 7 days, and I have provided valid proof.

☐ I confirm that my pet is up to date on monthly parasite prevention.

☐ If staying for daycare, I confirm my pet has had a negative fecal in the last 6 months.

Health & Behavior

- **Any known medical conditions or allergies?**
☐ No ☐ Yes – Please specify: _____
- **Any history of aggression, anxiety, or bite incidents?**
☐ No ☐ Yes – Explain: _____
- **Is your pet prone to any of the following?**
☐ Seizures ☐ Hot spots ☐ Fleas/Ticks ☐ Ear infections ☐ Skin sensitivity
Other, please specify: _____



Grooming Instructions

- **Services Requested:**
 - ☐ Bradford Blow Out
 - ☐ Standard Spa Package
 - ☐ Deluxe Spa Package
 - ☐ Paw-di-cure
 - **Add On Services Requested:**
 - ☐ External Gland Expression
 - ☐ De-shedding Treatment
 - ☐ Nail Trim & Buff
 - ☐ Ear Cleaning
 - ☐ Tooth Polishing
 - ☐ Blueberry Facial
 - ☐ Fur Brightening/Darkening Treatment
 - ☐ De-Mat
 - ☐ Flea/Tick Removal
 - **Preferred Style/Cut Instructions:**

 - **Areas to Avoid (Sensitive or Injured):**

 - **Special Handling Instructions:**

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- **Add On Services Requested Cont:**

- ☐ Hydrotherapy: Infused water treatment that soothes redness and swelling, eases itchiness, reduces dandruff and shedding
- ☐ Nail Polish: Add a pretty pop of color to your pet's nails!
- ☐ Fur Coloring: Temporary fur color in a design of your choice! Consultation Required.



Consent & Acknowledgments

- ☐ I authorize the groomer to seek veterinary attention in case of emergency at my expense.
- ☐ I understand that pets with fleas/ticks will be treated at my expense.
- ☐ I understand that if my pet is found with mats, I may be charged additional fees.
- ☐ I agree to pay all charges at the time of service.
- ☐ I acknowledge the risk of stress or injury inherent in pet grooming and have disclosed all relevant health/behavioral information.

Signature: _____

Date: ____ / ____ / ____