

Bath & Biscuits Grooming Agreement and Admission Form

Owner Information

Last Name: _____ First Name: _____

Phone# _____ Email: _____

Address: _____

Emergency Contact: _____ Phone: _____

Pet Information

Pet's Name: _____ Canine or Feline Sex: M / F

Birthday: ___/___/___ Breed: _____ Color: _____

Spayed or Neutered: Y / N

Are all vaccines current? _____ Date of vaccination: _____

How does your dog react to other dogs? _____

Does your dog have any medical or physical restriction? _____

Has your dog ever been professionally groomed? _____ Salon Name _____

How did you hear about us? _____

Veterinary Office: _____ **Phone:** _____

Please pick your pet up within 45 minutes of grooming completion. We will let you know when he/she is done. A \$10 boarding fee will apply to all pets here longer than 45 minutes.

If fleas are found during the grooming process, your pet will be treated with Capstar or an alternative natural product. A \$10 fee applies in addition to the regular grooming fee. The Capstar flea pill will kill the fleas on your pet as well as keeping our facility flea-free. _____ (please initial)

Senior and severely matted pets are at greater risk of injury, stress and trauma. All precautions will be taken. Realizing that senior or matted pets have a greater risk of injury during grooming, I/We will not hold Bath & Biscuits responsible for accident or injury to my pet. _____ (please initial)

I/We agree to not hold Bath & Biscuits, its owners, operators, employees responsible for any damage, loss or claim arising from any condition of our pet either known or unknown to Bath & Biscuits. In the event an emergency should occur with my animal, or in the event special services or handling are required as deemed necessary by this salon in the care of my animal, I agree to pay all such costs in full. It is further understood this clause applies to any and all pets groomed. There will be a \$30 for any returned checks.

Client Signature

Today's Date

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Pet Information #2

Pet's Name: _____ K9 or Feline Sex: M / F
Birthday: ___/___/___ Breed: _____ Color: _____
Spayed or Neutered: Y / N
How does your dog react to other dogs? _____
Does your dog have any medical or physical restriction? _____
Are all vaccines current? _____ Date of vaccination: _____

Pet Information #3

Pet's Name: _____ K9 or Feline Sex: M / F
Birthday: ___/___/___ Breed: _____ Color: _____
Spayed or Neutered: Y / N
How does your dog react to other dogs? _____
Does your dog have any medical or physical restriction? _____
Are all vaccines current? _____ Date of vaccination: _____

Pet Information #4

Pet's Name: _____ K9 or Feline Sex: M / F
Birthday: ___/___/___ Breed: _____ Color: _____
Spayed or Neutered: Y / N
How does your dog react to other dogs? _____
Does your dog have any medical or physical restriction? _____
Are all vaccines current? _____ Date of vaccination: _____

For Salon Use:

Bath/Express Groom: _____

Shampoo/Conditioner: _____