



## **Dog Grooming Release Form**

PAWS Pet Concierge | 515 E Chatham St, Cary, NC 27511 | 919-601-0233

Grooming equipment is sharp and although PAWS Pet Concierge Service's groomers are certified and use caution, problems can occur including cuts, nicks, scratches, quacking of nails, etc. Your dog's safety is our number one priority and the groomers will do everything in their capacity to ensure of this. If an accident does occur, you will be notified immediately. If PAWS Pet Concierge Service's feels it is serious, and the owner is not on-site, PAWS Pet Concierge Services will seek veterinary care for your pet.

Grooming can be stressful to dogs and may expose hidden medical problems or aggravate a current one. This can occur during or after a grooming session. All medical expenses for veterinary care will be covered by the owner upon signing this agreement.

Dogs must be up to date on Rabies and we recommend they are current on Bordetella and DHLPP. Proof of rabies must be shown prior to any grooming appointments.

If fleas are found on the dog when flea shampoo is not requested, a Capstar will be administered at the expense of the owner.

Owners must inform PAWS Pet Concierge Services if your bet bites, has bitten, or is aggressive to people, other pets, or specific grooming procedures. Muzzles may be necessary. Muzzling will not harm your pet and protects both the pet and groomer.

By signing this contract, you agree to hold PAWS Pet Concierge Services harmless from any damage, loss, or claim arising from any condition of the undersigned dog(s), either known or unknown to PAWS Pet Concierge Services.

I have read and agree to the policies of PAWS Pet Concierge Services.

Pet(s) Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

## **Dog Grooming Enrollment**

The enrollment form below will ensure we provide your dog with the best care possible while staying at PAWS.  
PAWS must have proof of Rabies vaccination.

### **Client Information**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Home number: \_\_\_\_\_

Work number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method? (circle one) Email / Text / Call

Emergency contact name & number: \_\_\_\_\_

Who else has permission to pick up your pet from us? Contact name & number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Pet Information**

*If you have multiple dogs, separate with commas and use the same order throughout*

Dog(s) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Gender (unaltered female, spayed female, unaltered male, neutered male): \_\_\_\_\_

\_\_\_\_\_

### **General/Medical History**

Any previous serious illnesses or surgeries? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any pre-existing medical conditions? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any allergies? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Veterinarian Information**

Animal Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Rabies Expiration Date: \_\_\_\_\_

**Behavior**

*For those with multiple dogs, write the name of the dog that pertains to the question next to your circled answer*

Has your dog ever bitten another person or dog? If yes, please describe the situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your dog friendly towards adults, both male and female? If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your dog fearful of noises or sudden movements? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your dog fearful and/or aggressive toward dogs? (circle one) Yes / No / Unsure

Is your dog toy aggressive? (circle on) Yes / No / Unsure

Does your dog have separation anxiety when left alone? (circle one) Yes / No / Unsure

Do you consider your dog to be an escape risk? (circle one) Yes / No / Unsure

Has your dog ever jumped/climbed over a 5 foot fence or barrier? (circle one) Yes / No

Has your dog ever socialized with a large group of dogs? (circle one) Yes / No

Is there anywhere on your dog's body that they do not like to be touched? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comments**

Please list any additional information that will help us to provide care for your pet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Veterinary Instructions and Release Form

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Pets Names: \_\_\_\_\_

Colors/Markings: \_\_\_\_\_

Ages: \_\_\_\_\_

Medical Conditions/Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If any pet(s) named above become ill or are injured, I request that PAWS Pet Concierge Services take the pets to:*

Animal Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*If veterinary treatment is required, I give permission for PAWS Pet Concierge Services to approve said treatment up to \$ \_\_\_\_\_*

I will assume full responsibility upon my return for payment and/or reimbursement for veterinary services rendered up to the above stated amount.

If the veterinary office named above is not available, I authorize PAWS Pet Concierge Services to take my pet to another veterinary office for treatment. I understand that PAWS Pet Concierge Services cannot be held responsible for the results of the veterinary treatment or the loss of my pet.

*This agreement is valid starting on the date below whenever PAWS Pet Concierge Services cares for my pet:*

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

Signature: \_\_\_\_\_