

Owner Name: _____.

Pet(s) Name: _____.

Grooming Agreement

Misawa Pet Kennel reserves the right to deny services for the health and safety of our staff and boarded pets.

1. My pet(s) must be registered at the Misawa Vet Clinic prior to grooming. In addition, my pet(s) must have current Rabies, Distemper, and Bordetella vaccinations. Proof of vaccinations must be brought in or emailed prior to the day of grooming regardless of veterinary facility closure. If proof is not shown, grooming will be refused. A current print out from the vet clinic of services done with the pet's name is considered sufficient proof.

Initial here: _____

2. If during the appointment it becomes apparent that my pet(s) is not able to be groomed due to aggression or any other issue, the customer will only be charged for the services that have been performed.

Initial here: _____

3. I understand that due to the nature of pet grooming all quoted prices prior to grooming my pet are only estimates. Final price will depend on the temperament of each pet and the condition of its coat. Upon physical inspection of my pet by the groomer a good faith estimated price will be provided. Extra charges may apply for pets that are matted and/or difficult to manage.

Initial here: _____

4. The groomer takes all necessary steps to keep as much hair as possible, however, I understand that if the fur is too matted to be cut or brushed that my pet will be shaved, and I will incur an additional matting fee.

Initial here: _____

5. The groomer takes all necessary steps to prevent injury to my pet(s); however, I understand that there is a possibility my pet(s) may be nicked during the grooming process.

Initial here: _____

6. I understand that grooming procedures can be stressful, especially for senior pets or pets with health issues, and can expose hidden medical problems or aggravate a current condition(s) during or after the groom. Senior pets/pets with health issues have a great chance of injury (including, without limitation, risk of death); these pets will be groomed for cleanliness and comfort.

Initial here: _____

7. In the event of an emergency I authorize the kennel personnel access to my pet(s) medical records, allow them to take my pet(s) to the nearest veterinary treatment facility and make medical decision if I am unreachable or unable to take my pet(s) to the vet. I will be held liable for all costs incurred.

Initial here: _____

8. We do not recommend shaving double-coated dogs unless deemed absolutely necessary for their health and wellbeing. Some complications that can occur include: The coat not growing back in the same texture and/or color prior to shaving; bald patches; hyperpigmentation of the skin; darkening of the skin where the coat has not grown back; loss of guard coat(the top layer of the coat); coarse re-growth of hair in different directions; exposure to the elements(sun/heat damage or stroke and cold weather); exposure to bug bites; reduced protection to scratching etc. I understand that shaving a double-coated dog will not reduce shedding and may cause any and all of the above.

Initial here: _____

9. We require notification of any cancellation before end of business day prior to your appointment. No-shows and last-minute cancellations may result in prepayment being required for any future visit. We understand that emergency situations arise and will work with you on a case-by-case basis. Please be respectful of our groomer's time as we are a by-appointment business and another client could have taken your appointment had we known. If you are more than 15 minutes late you risk losing your appointment without notice due to groomer time constraints.

Initial here: _____

10. Can we post pictures of your pet on social media such as Facebook and Instagram? YES/NO

Initial here: _____

I hereby waive and release the Misawa Pet Kennel, its employees, owners, and agents from any and all liability my pet(s) or I may suffer. My signature below indicates that I have read and understand the Agreement to Hold Harmless Waiver and Assumption of Risk.

Signature: _____

Date: _____