GROOMING CONSENT FORM

Grooming Service Date:

Client Information

First Name			Last Name		
Phone Number		Email Address		Contact Preference	
0	0				-:
Street Address	City		State		Zip Code
Pet Information					
Pet Name		Breed		Age	
Gender Color/Ma			75		
			,		
		1			
Madical Informatio	•				
Medical Information			Ī		
Is your pet in good h	ealth?				

Emergency Contact		
Contact Name	Contact Phone Number	

If no, please provide details of any health issues or medications:

Grooming Services

I, the undersigned client, hereby authorize to perform the following grooming services on my pet:

Other Special Instructions or Requests						

I understand that grooming procedures can sometimes be uncomfortable for pets, and I agree to not hold or its employees responsible for any accidents or injuries that may occur during the grooming process. I also agree to disclose any special conditions or behavioral issues that my pet may have that could affect the grooming process.

I authorize any necessary actions if my pet requires immediate veterinary attention during the grooming session. I will be responsible for any associated veterinary expenses.

I have read and understand the terms and conditions of this consent form and agree to all the grooming services and policies as outlined.

Client Signature:		
Date:		

Please keep a copy of this consent form for your records.