



# Grooming Release Form

**Please Print**

Pet Name \_\_\_\_\_ Client Name: Last \_\_\_\_\_, First \_\_\_\_\_  
Client Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Email \_\_\_\_\_

**Office use only:** Client ID# \_\_\_\_\_

**Is the pet current in the following wellness areas:** Vx (Y/N) Testing (Y/N) Preventatives (Y/N)

**Client & Pet information above verified by staff member** \_\_\_\_\_ **Patient admitted by staff member** \_\_\_\_\_

Request:

Comment:

I understand that I must show written proof of current vaccinations for my pet administered by a licensed veterinarian (Rabies and FVRCP for cats; Rabies, Distemper/Parvo and Bordatella (CPCC requires Bordatella every 6 months) for dogs) and the pet must be free of external parasites or they pet will be vaccinated/treated at full cost to me.

Although sick pets are not allowed into the grooming area, I understand that I am placing my pet in an area in which communicable diseases may be passed between animals. I understand that if following a grooming date my pet shows signs of illness, I may not hold Creekside liable for any inadvertent exposure my pet may have received, and that if I request an exam, treatment, and medications for my pet it will be done at full cost to me.

Creekside Pet Care Center reserves the right to refuse services if the pet is aggressive unless said pet is sedated. If sedation is needed, you will be contacted with a medical care plan prior to any medications being administered. If sedation is recommended by the staff of Creekside and authorized by the you, the client, over the phone, this form of authorization will be considered equivalent to a signed anesthetic release form.

***I understand that if my pet is matted, the hair may have to be cut shorter than requested and there may be an additional "dematting" fee. I understand that if my pet's coat is particularly thick or undercoat is present, there may be an additional "brush-out" fee.*** I authorize Creekside Pet Care Center and its staff to perform grooming services on my pet as requested above. I understand that any expenses for grooming as well as any necessary vaccinations and sedation are my responsibility, and are due at the time services are rendered.

I understand that if my pet is not picked up by the close of the business day (Mon-Fri. 6pm, Sat 4pm) I will be charged the boarding fee for each day until my pet is picked up. I understand that no CPCC staff member will on the premises between the hours of 7:00pm and 7:30am and that as such all animals at CPCC will be unsupervised overnight, but will have safety and comfort measures in place.

If a grooming issue is discovered **within 48 hours after checkout** please notify us. We will be happy to correct any problem **within this period** at no additional charge.

This release form is valid for one year from \_\_\_\_\_ ; a new form must be signed annually for our records.  
<date>

Please indicate by name if anyone other than you will be authorized to pick up your pet:

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT SIGN WITHOUT READING FORM**

Contact Phone \_\_\_\_\_