BarkFurJoy Grooming Release

Owner/Pet Information

Owners Name: First_____   Last_____

Address: Street_____City_____ Postal Code_____

Home Phone: _____   **Cell Phone**: _____

E-Mail:_____

Pets Name: _____   **Breed**:_____   **Age**:_____
Weight:_____

Medical Information

Veterinarian Clinic: _____   **Phone:** _____

Deaf: Yes/No   **Blind**: Yes/No   **Heart Condition**: Yes/No   **Epileptic**: Yes/No

Are Vaccinations Current: Yes/No

Grooming Information

Sensitive Skin: Yes/No   **Scared of loud noises**: Yes/No   **Grooming Difficulty**: Easy/Average/Difficult

Aggressive with Animals: Yes/No   **Aggressive with People**: Yes/No

Any past grooming problems:

_____

Referred By:_____

If pet is hurt of becomes ill, Bark Fur Joy Grooming Salon has permission to obtain immediate medical care from the pet's veterinarian, or the veterinarian of our choice if pet's veterinarian is not accessible. Pet owner agrees to pay all costs for medical treatment provided, unless illness or injury is a direct result of negligence of Bark Fur Joy's employees. Bark Fur Joy will not be held responsible for any sickness or injury causes by pet to itself during grooming, Bark Fur Joy will not be held responsible for clipper burn and/or minor nicks resulting from grooming of matted, neglected coats or for irritation caused by removing coat from pets possessing mild to severe skin allergy, nor will we be held responsible for stressful effects grooming may have upon a geriatric pet. Bark Fur Joy will be notified within 48 hours of any claims by owner regarding compensation for medical attention given as a result of alleged negligence. Bark Fur Joy will personally consult the attending veterinarian prior to settling any claim. Bark Fur Joy reserves the right to charge additional fees for services we consider over

and above the norm covered by our standard rates. Owner agrees to be responsible for any property damage caused by their pet. Bark Fur Joy reserves the right to refuse service to customers who pet may pose a threat to our employees and other pets left in our care, whether it is an aggression problem, health problem, or parasite problems other than fleas.

Owner's Signature:_____ **Date**: _____