

Grooming – Pet Owner Information

Owner Name:	Address:
City/Prov:	Postal Code:
Home Phone:	Office Phone:
Cell Phone:	E-mail Address:
Alternate Contact Person and Phone Number:	
How did you find out about us?	
Veterinary Clinic:	

Pet's Name:	Breed:
Is your puppy/cat spayed/neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Color:	Birthday or approximate age:
Are your pet's shots up to date? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of last shots:

Is your pet comfortable with a groomer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Is your pet comfortable with other dogs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Is your pet comfortable staying in a kennel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Please provide any additional important information (e.g. allergies, bumps or blemishes, medical conditions, skin sensitivities, hip dysphasia, temperament issues): _____ _____			

Our goal is to ensure your satisfaction with every visit. If you are unhappy with your pet's haircut, for any reason, please advise us immediately or within 3 days of your visit so that we may rectify the problem. After this time, due to hair growth and outside conditions, we are unable to re-do a haircut.

I authorize my Veterinarian to fax a copy of the last vaccinations to The Pampered Puppy @ 780-732-7807 _____

Your pet is important to us. Because we care about your pet's safety and well being, we want to assure you that every effort will be made to make your pet's visit as pleasant as possible. Due to the various conditions of some puppies/cats (i.e. matting, temperament, nervousness, aggression, medical conditions, etc.), and in the best interest of your pet, we request permission to obtain immediate veterinary treatment should it become necessary.

- I am financially responsible for any harm to any person(s) or pet(s) that is determined to have been caused by my pet(s); such determination will be made by the management of the Pampered Puppy after a careful review of the circumstances. The Owner's liability and responsibility will extend to cover any and all medical and/or Veterinary costs resulting from the Owner's pet's behavior.

The Pampered Puppy will use the following veterinary centre for emergency veterinary care:

General Veterinary Hospital
11403 - 143 Street NW
Edmonton, Alberta
(780) 454-8691

- I hereby grant The Pampered Puppy Spa and Wellness Centre permission to seek emergency veterinary care from the above veterinary centre. I further agree that I am financially responsible for any medical treatment my pet(s) receive(s) while and/or resulting from attending The Pampered Puppy Spa and Wellness Centre.
- I hereby release and agree to save and hold harmless, the Pampered Puppy, its directors, officers, shareholders, employees, assistances, members and agents from any liability, claims, suits, actions, loss, injury or damage which I or my pet(s) may sustain or which may be caused in any way by my pet(s). I specifically, without limitation, agree to full indemnify The Pampered Puppy for any and all such liability, claims, suits, actions, losses, injury or damage.

Signature of Owner/Guardian

Today's Date

Thank you for choosing the Pampered Puppy. We keep this information on file, for our sole use, to take impeccable care of your best friend.