



Pet Parent's Name: _____ Address: _____ Phone #: _____ Email: _____ Emergency Contact: _____ EC Phone #: _____	Pet's Name: _____ Breed: _____ Sex: _____ Age: _____ Vet: _____ Known Medical Issues?: _____ Medications?: _____ Vaccinations (Provide Documentations): •Rabies •Distemper •Parvovirus •Adenovirus
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Anything else we should know about?: _____ How did you hear about us: _____ Do we have your permission to post photos of your pet to our social media pages and website? ____ YES ____ NO
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Please review our policies and then sign and date at the bottom:

Emergencies: In the Event of an emergency, I authorize this establishment to immediately seek professional veterinarian attention for my pet (at my expense). I understand that all attempts will be made to contact me in the event of an emergency.

Coat Condition: I understand that this establishment puts my pet's comfort above all else. In the event that my pet's coat is matted, I understand that the groomer may have to shave the matts out rather than perform a painful dematting procedure. I also understand that if my pet is severely matted, that there is an increased risk for clipper burn or nicks to occur. I understand that all attempts will be made to prevent this including referrals to seek veterinary attention. I also understand that matted pets take additional time to groom so there will be an additional fee added on to the regular grooming price if my pet's coat is matted.

Health: I understand that grooming can be stressful to some pets and I will inform the groomer if my pet has any heart conditions or any stress related issues prior to grooming. I also understand that it is necessary to have my pet up to date on all vaccinations prior to every grooming.

Pests and Infections: I understand that this establishment does not provide treatments for fleas, ticks, or canine lice infestations. I also understand that if my pet is found with any fleas, ticks, lice, untreated wounds, or untreated infections that my pet will be referred out for veterinary attention.

Aggression: I understand if my pet is showing aggression that the use of a muzzle may be used to complete services or services will cease to continue. Referrals may be needed for extreme aggression.

Cancellation Policy: I have read and agreed to Poshy Paws' cancellation policy and understand additional fees may occur if required.

Pick Up Policy: I understand I must try and pick up my pet within one or two hours upon completion or pay additional boarding fees

I have read and understand the above policies _____

Signature

Date

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Medications?: _____
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