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| Pet Parent's Name: _____<br>Address: _____<br>_____<br>Phone #: _____<br>Email: _____<br>Emergency Contact: _____<br>EC Phone #: _____ | Pet's Name: _____<br>Breed: _____ Sex: _____ Age: _____<br>Vet: _____<br>Known Medical Issues?: _____<br>_____<br>Medications?: _____<br>Vaccinations ( <b>Provide Documentations</b> ):<br>•Rabies •FDCVR Vaccine |
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| Anything else we should know about?: _____<br>_____<br>How did you hear about us: _____<br>Do we have your permission to post photos of your pet to our social media pages and website?<br>____ 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 will have to shave the mats out with the safest blade possible for felines. 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 my pet will not be able to be seen for the safety of the groomer. Referral to a vet for a complete sedation groom will be required.

**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 shortly after completion to avoid unnecessary stress on my pet.

**I have read and understand the above policies**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

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|--|--|
| Pet's Name: _____<br>Breed: _____ Sex: _____ Age: _____<br>Vet: _____<br>Known Medical Issues?: _____<br>_____<br>Medications?: _____<br>Vaccinations ( <b>Provide Documentations</b> ):<br>•Rabies •Distemper •Parvovirus •Adenovirus | Pet's Name: _____<br>Breed: _____ Sex: _____ Age: _____<br>Vet: _____<br>Known Medical Issues?: _____<br>_____<br>Medications?: _____<br>Vaccinations ( <b>Provide Documentations</b> ):<br>•Rabies •Distemper •Parvovirus •Adenovirus |
| Pet's Name: _____<br>Breed: _____ Sex: _____ Age: _____<br>Vet: _____<br>Known Medical Issues?: _____<br>_____<br>Medications?: _____<br>Vaccinations ( <b>Provide Documentations</b> ):<br>•Rabies •Distemper •Parvovirus •Adenovirus | Pet's Name: _____<br>Breed: _____ Sex: _____ Age: _____<br>Vet: _____<br>Known Medical Issues?: _____<br>_____<br>Medications?: _____<br>Vaccinations ( <b>Provide Documentations</b> ):<br>•Rabies •Distemper •Parvovirus •Adenovirus |