

Contact Form

Owner's Name: _____

Primary Phone: _____

Secondary Phone: _____

Address: _____

E-Mail Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Pet's Name: _____

Pet's Breed: _____

Pet's Date of Birth, if known: _____

Veterinary Clinic: _____

Health Conditions/Allergies: _____

Bite History, if Applicable (don't be shy- we don't judge!): _____

Do you give The Beauty Pawlor permission to use photos of your pet on social media and promotional materials? Y / N

Rabies Expiration (to be completed by Beauty Pawlor staff): _____

How did you hear about us? (Mark your choice with an "x")

Client Referral (Please list referring client) _____

Facebook

Instagram

Google search

Yelp! Search

Other (please list) _____

General Policy

Please read all policies completely before initialing and signing.

Pest Prevention, Disease Control, and Special Health Concerns

- **I agree to provide current rabies vaccination information to The Beauty Pawlor.** Tags lack adequate identifying information and will not be accepted as proof.
- **I agree to bring pest-infested pets to a veterinarian for treatment and examination before booking a grooming appointment.** Infested pets may carry disease and may have secondary health issues as a result of infestation, such as anemia. These pets will not be accepted to the salon before receiving treatment.
- **I agree to allow The Beauty Pawlor to administer flea and tick shampoo or a Capstar treatment to my pet should a pest be found during check-in or service.** This will incur a fee additional to your service.
- **I agree to inform the Beauty Pawlor of any special needs my pet may have,** such as heart disease, endocrine disorders, seizures, collapsing trachea, soft palate, hip dysplasia, or any other conditions that may require special handling.
- **I agree to keep my pet at home if my pet is showing symptoms of malady or disease,** such as *vomiting, diarrhea, lethargy, or any acute or unusual symptoms*. If any such concerning symptoms are observed during check-in or service, service may be stopped and you will be asked to come pick up your pet. Payment will be due for any portion of the service that we were able to complete. **Initials: _____**

Aggression

- **I agree to inform The Beauty Pawlor of any previous bite history my pet may have and accept responsibility in the event that failure to inform results in injury to staff.** A bite history does not necessarily disqualify your pet from grooming, but allows us to form a plan for completing a service safely and quickly. Your groomer reserves the right to refuse or stop any service at any time due to aggression and charge for his or her time and risk taken. **Initials: _____**

Accidents and Emergencies

- **I agree to avoid arriving to pick up my pet before I have received notification that my pet is ready.** Pets get excited and move more when their owners walk in. A rapidly moving pet can create a dangerous situation when scissors and clippers are involved.
- **I acknowledge that nicks, cuts, scrapes, skin reactions, and quicked nails happen on occasion when working with live animals and cutting tools.** Such minor incidents do not necessarily indicate negligence on the part of your groomer.
- **I agree to allow staff to apply first aid and seek treatment for my pet in the event of an emergency.** All expenses pertaining to such treatment are the responsibility of the pet owner unless a veterinarian states the salon or its staff is at fault for the condition of the pet. **Initials: _____**

I acknowledge that I have read and understand the above terms. I certify as my pet's owner or agent of the owner that all information provided to The Beauty Pawlor is true and accurate, and agree not to hold my groomer responsible for any circumstances beyond the Pawlor's control.

Owner's Signature: _____ Date: _____