



PET PARADISE
RESORT & SPA

Pet Paradise Resort & Spa
3229 S Bascom Ave STE C
Campbell, CA 95008
T: 408-819-3717
petparadiseresortandspa.com

DOG'S GROOMING PROFILE FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your dog:

1.) Name: _____ Relationship: _____

2.) Name: _____ Relationship: _____

Veterinarian:

Clinic Name: _____ Address: _____

Telephone Number: _____

How did you hear about us? _____

PET GUEST INFORMATION

Dog's Name: _____ Breed: _____

Weight: _____ Color: _____ Age/Birthdate: _____

Check where appropriate:

Male Female Spayed Neutered Unaltered

Has your dog ever been groomed before? Yes No

Does your dog have a basic understanding of commands (sit, stay, down, etc.)? Yes No



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VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations: (front desk may complete once they've received proof of current vaccinations).

Rabies _____ DHLPP _____ Bordetella _____ CIV _____

PERSONALITY

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Please describe any situations where your dog may become unfriendly during grooming:

Has your dog displayed any of the following reactions during grooming? (Please check all that apply):

Will bite May bite Growls Snaps Shows teeth Trembles freezes Moves away

SERVICES INTERESTED IN

Daycare Boarding Grooming Training

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.

Signature of Owner: _____ Date: _____



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WAIVER AND RELEASE OF LIABILITY

THIS AGREEMENT is entered into by and between Pet Paradise Resort & Spa Inc. (the “Daycare”) and _____ (“Owner”):

Pet Paradise Resort & Spa provides quality, personalized care for your furry family member. We provide daycare and boarding with our indoor/outdoor play areas, leash walks, and adequate rest rotations. We also provide a variety of grooming services and positive reinforcement training. To insure the safety of your pet and our others guest, we require all clients to comply with the following terms:

TERMS:

1. **KNOWN RISKS/CONDITIONS.** Owner must disclose to Pet Paradise Resort & Spa all known risks, aggression, previous injuries, and rabies.
2. **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.
3. **GROOMING.** *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 de-matting procedure. I also understand that if my pet is severely matted, that there is an increased risk for clipper burn or cuts to occur. I understand that all attempts will be made to prevent this, however in many extreme matt conditions, it is unavoidable. I also understand that matted pets take additional time to groom so there will be an additional fee added on 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.
4. **REFUSAL OF SERVICE.** I understand that Pet Paradise Resort & Spa may refuse service to my dog for any reason it deems necessary, including but not limited to, overly aggressive behavior overly excessive barking, and illness.
5. **CANCELATION POLICY.** I understand that if I need to change my appointment time or cancel, that I must give at least a 24hr notice so that the appointment time can be made available to another client who is on the waiting list. If two appointments are missed without giving notice, clients are then required to pre-pay prior to scheduling future appointments.

Owner has read and understands this Wavier and Release of Liability and the terms and conditions set forth above.

Signature: _____ Date: _____
Name (Print): _____



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GROOMER'S NOTES
