



CLIENT GROOMING CONTRACT

CLIENT FULL NAME:

MOBILE NUMBER:

HOME/WORK NUMBER:

EMAIL:

ADDRESS:

POSTCODE:

DOGS NAME:

AGE:

DATE OF BIRTH: / /
(IF KNOWN)

COLOUR:

DOG / BITCH (PLEASE CIRCLE)

NEUTERED/SPAYED? YES / NO

BREED:

ABOUT MY PET

My pet has the following medical conditions: (Please include medications and any special requirements)

Flea/Worming Treatment up to date? Yes/No

Vaccination up to date?: Yes/No

Comments:

Health observations on booking. (Groomer to note any areas for concern which they observe)

(eyes, ears, nose, teeth and gums, body, limbs, condition, coat (including matts), skin, general appearance):

Grooming requirements: (Customer and groomer to agree lengths and shaping, and additional services)



CLIENT DECLARATION:

- | | |
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| <ul style="list-style-type: none"><input type="checkbox"/> I have disclosed and will continue to disclose on an ongoing basis, any and all medical or other conditions or behavioural issues that may affect my dog.<input type="checkbox"/> I understand that severe matting can lead to discomfort, major skin irritations and infections; brushing to eliminate matting can cause areas of dermatitis, irritation, brush-burn, nicks and cuts and can be tedious and stressful to the dog; if severe matting is found, it may be necessary to shave off the coat; whilst the groomer will use specialised equipment and extreme caution, shaving may cause irritation to the skin. Shaving and brushing out are time consuming and may incur an additional cost.<input type="checkbox"/> I understand the groomer has the right to refuse or withdraw service for any reason, including if the dog cannot be groomed safely without danger to the groomer/employees/the dog itself; aggressive behaviour from customers will not be tolerated. | <ul style="list-style-type: none"><input type="checkbox"/> I hereby agree that the groomer may groom my dog, based on the above requirements, and has my permission to use a muzzle if they feel it is required. I agree to any additional grooming necessary due to unforeseen circumstances, and I will be liable for any additional costs incurred in additional grooming.<input type="checkbox"/> I agree the groomer may take my dog to a qualified veterinarian for any veterinary treatment required should an emergency situation arise whilst my dog is in the groomer's care.<input type="checkbox"/> I agree the groomer may use the information supplied on this form for administration, statistical analysis and marketing purposes. I understand the groomer will not give my details to any third party except a vet in the event of an emergency. |
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PHOTOS OF MY PET:

We may wish to take pictures of your pet for use in promotional materials and for training and developing purposes.

I give permission:

I do not give permission:

CLIENT DECLARATION:

(The client agrees with the declaration above and acknowledges the information shown on this form)

Name of groomer undertaking the groom:

Groomer signature:

Date:

Customer signature:

Date: