**Wagsmore Unleashed**

Senior/Special Needs Pet Waiver

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The grooming process can be very stressful for a senior or special needs pet. We work very hard to ensure the grooming experience is as comfortable as possible. In order to accomplish this, we Groom for the pet’s comfort and cleanliness. We will only groom what your senior or special needs pet will allow us to do comfortably. The groom will be as such that it will cause the least amount of stress possible.

Because many senior and special needs pet’s have pre-existing health issues, the risk of an injury or health problem during grooming is substantially increased. The grooming of a senior or special needs pet can also expose hidden medical issues and/or aggravate current medical issues during and/or after the grooming process. All care possible will be taken in the grooming of your pet and we hold the right to groom your pet only as far as his or her comfort will allow. If your pet shows any discomfort during the grooming process, the grooming will be stopped and you will be asked to pick up your pet immediately.

The safety and comfort of your pet is our number one concern. We ask that all senior and special needs pet’s are picked up as soon as possible after grooming is completed or no later than 30 minutes after we have called to inform you that your pet is ready to go home; unless the staff of Wagsmore feels that your pet is comfortable enough to prolong the pickup time.

If a medical emergency should arise while your pet is attending our facility, it is critical that we are able to provide immediate medical treatment. Wagsmore Unleashed uses Sherwood Veterinary Clinic for emergency medical care.

In the event of a medical emergency as a result of your pet’s age or special needs, I agree to allow Wagsmore Unleashed to seek medical care from Sherwood Veterinary Clinic. I further agree that I am financially responsible for any medical treatment my pet will receive as a result of a medical emergency while attending Wagsmore Unleashed.

I certify that I have read and understand this waiver. I agree to abide by and accept all terms, conditions and statements of this waiver.

Owner/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Owner/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_