

PET WIZE

PARENT NAME: _____ PRIMARY PHONE: _____

ADDRESS: _____ SECONDARY PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ ALT. PHONE: _____

DRIVER'S LICENSE (REQUIRED IF GROOMING) _____

PET NAME(S): _____

PET'S AGE: _____

PET'S BREED: _____

DISCLAIMER:

-PET WIZE WILL NOT BE HELD RESPONSIBLE FOR CLIPPER BURNS, MINOR NICKS/ SKIN IRRITATIONS RESULTING FROM GROOMING PETS WITH MATTED COATS OR SKIN ALLERGIES.

-IF PET HAS FLEAS PET WIZE HAS THE RIGHT TO CHARGE \$20.00 FOR FLEA TREATMENT W/O OWNERS CONSENT.

-PET WIZE WILL NOT BE HELD RESPONSIBLE FOR INJURY OR ANY STRESSFUL EFFECTS THAT GROOMING MAY HAVE CAUSED UPON AN ELDERLY OR INFIRM PET.

-PET WIZE WILL NOT BE HELD RESPONSIBLE FOR ANY PRE-EXISTING CONDITIONS AND/OR PROBLEMS.

-I HEREBY RELEASE PET WIZE FROM ANY LIABILITY ASSOCIATED WITH MEDICAL PROBLEMS THAT MAY BE UNCOVERED AND/OR OCCUR DURING THE GROOMING PROCESS.

-IF MY PET IS HURT OR BECOMES ILL, PET WIZE HAS PERMISSIN TO OBTAIN IMMEDIATE VETERINARY CARE, AND I AGREE TO PAY ALL COSTS FOR MEDICAL TREATMENT PROVIDED, UNLESS ILLNESS OR INJURY IS A DIRECT RESULT OF NEGLIGENCE OF PET WIZE EMPLOYEES.

-IF MY VETERINARIAN OF CHOICE IS NOT READILY AVAILABLE OR NOT ON FILE, I GIVE CONSENT TO PET WIZE TO ACT ON MY BEHALF IN OBTAINING EMERGENCY VETERINARY CARE AT MY EXPENSE.

-24+ HOURS OF APPOINTMENT CANCELLATION REQUIRED, OTHERWISE A \$25 FEE WILL BE APPLIED TO NEXT GROOMING.

-OWNERS WILL BE CHARGED AN ADDITIONAL \$35.00 FOR ANY ANIMAL NOT PICKED UP BY 7:00PM. ANY ANIMAL NOT PICKED UP WITHIN 24 HOURS WILL BE BOUGHT TO THE HUMANE SOCIETY OR APPROPRIATE RESCUE ORGANIZATION.

-BY SIGNING THIS DISCLAIMER, YOU CONSENT TO PET WIZE USING PICTURES OF YOUR PET FOR ADVERTISING AND / OR SOCIAL MEDIA PURPOSES.

SIGNATURE: _____ DATE: _____

CURRENT VET: _____ VET PHONE: _____

EMAIL SHOT RECORDS TO:

PETWIZEGROOMING@GMAIL.COM