

The Dawg Zone

Groom Client Information

Name: _____ Address: _____

City: _____ State: _____ Zip code: _____

Home/Cell Phone: _____ Email: _____

Pet #1

Name: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex M/F (Neutered or Spayed)

Pet #2

Name: _____ Breed: _____ Color: _____

Date of Birth: _____ Sex M/F (Neutered or Spayed)

Veterinary Clinic: _____

Phone: _____

Terms

1. The animal has been vaccinated for Rabies as required by Wisconsin State Law.
2. The animal is healthy. Any grooming which takes place on an elderly animal or an animal with health issues is at the owner's own risk. Grooming may expose pre-existing health/skin issues for which the company cannot be held liable.
3. Dematting hair can cause hair loss, be painful for your pet and cost more to have done.
4. Payments need to be made at pick up.

I hereby agree to the following as the owner of the pet.

Owner: _____

Date: _____