



## CLIENT & PET INFORMATION

4280 Peachtree Road NE, Brookhaven, GA 30319

### Enrollment and Grooming Release Form

Client(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pet's Name(s) : \_\_\_\_\_

Age(s): \_\_\_\_\_

Vet Name: \_\_\_\_\_

Spayed / Neutered?: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Pet History / Aggressive?: \_\_\_\_\_

Medications: \_\_\_\_\_

Anything else we should know?: \_\_\_\_\_

Your pet is very important to us. All of us at Pup-N-Cuts would like to assure you that every effort will be made to make your pet's experience as safe, relaxing, and as pleasant as possible.

I confirm that my dog(s) is fit, healthy, fully vaccinated, de-fleaed and de-wormed. I agree that the groomer will not be held liable nor responsible for irritation, abrasion, patchiness or hair loss due to any pre-existing skin conditions or as a result of the grooming process, which may include: de-matting, thinning, or clipping. Occasionally, grooming can expose hidden or medical problems or aggravate a current one. I understand with all grooming procedures, there is an element of risk involved and a risk assessment has been carried out to reduce any risk as far as possible. I consent to veterinary treatment in the event of an emergency should my pet's health cause the groomer any concerns.

I have read, acknowledged and agree to the Pup-N-Cuts's grooming terms and conditions that were provided at this time. I will notify Pup-N-Cuts of any concerns I have at the time and discuss any outcomes.

I agree that all the information provided is complete and accurate to the best of my knowledge  
I agree to photos being taken and the use in any social media / marketing  
I agree to notify Pup-N-Cuts if any of the above changes

I understand that Pup-N-Cuts is an appointment only establishment and that there is up to a \$25 late fee, if I am late for my scheduled appointment. I understand if I need to change my appointment or cancel it, I agree to give at least a 24-hour notice so that appointment time may be available to another client on the waiting list. If a 24-hour notice is not given, I understand that there is a \$40 cancellation fee due upon rescheduling.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date