

Li'llix Salon for Dogs
Grooming Release Form

Date: _____ Client's Name: _____ Pet's Name: _____

Your pet's safety is extremely important to us and our goal is to make your pet's experience as pleasant as possible. If you have any concerns or questions regarding the grooming process or if your pet has any special conditions or needs (ie. Sensitive skin, chronic ear conditions, or any condition that may result in special attention) please inform us prior to your pet's grooming so we may take necessary precautions to ensure your pet's safety and comfort.

Please review and initial the following information so that we can better serve you and your pet.

Grooming can expose hidden medical problems or aggravate pre-existing ones. In some instances, your pet could require vet care. We cannot be held responsible for accidents that occur while your pet is in our care. **You authorize us to pursue treatment if necessary at your expense.** _____

Grooming can be very stressful for a pet that has never been groomed, has had previous bad experiences, or is a senior. We will do everything possible to safely complete the groom, however sometimes it is simply not possible to avoid stress. **We cannot be held responsible for stress related injuries and will halt the services upon first notice of stress. Additionally, you certify that your pet is not under any form of sedation.** _____

If your pet is severely matted and/or tangled, which puts your pet at a greater risk for stress, trauma, or injury, it may become necessary to shave your pet in the affected areas. All precautions will be taken; however, some problems may arise such as nicks or clipper irritation. **Additional fees may result from extremely matted pets due to the extensive time taken on these pets.** _____

If during the grooming process it is discovered that your pet has fleas, we will immediately isolate and treat the infestation at your expense. **Due to the presence of fleas in so many common areas, we cannot be held responsible for fleas on your pet under any circumstance.** We always recommend having your pet on a monthly flea treatment. _____

Has your pet had topical flea treatment in the last 24 hours? NO _____ YES _____

We maintain record of rabies vaccination dates on all pets in our care, however we recommend that all pets be current on all vet recommended vaccinations due to the inability to control certain airborne and contact diseases. **Although we take many precautions, we cannot be held responsible for any illness related to your pet's stay with us.**

Our staff is extremely knowledgeable and has a great love for pets. We will always put your pet's safety first and strive for a great all-around experience.

I hereby grant Li'llix Salon for Dogs Permission and authorization to perform emergency veterinary care for my pet if a problem arises at my expense on this and all future visits. Also, I will not hold this establishment responsible for any accident or injury to my pet on this and all future visits. We may take photos of your pet for our website and social media pages to display our work.

Signature: _____ Date: _____

It is important that we have someone that we contact who is responsible for your pet in case we have questions about the grooming or should an emergency arise.

Emergency Contact Name: _____ Emergency Contact Phone: _____

Primary Veterinarian: _____