

Grooming Consent & Agreement

Please complete information	Pet #1		Pet #2		Pet #3		Pet #4	
Pet's Name								
Veterinarian								
Species (Dog, Cat, etc.)								
Breed								
Description (Color and Markings)								
Age or Date of Birth (Approximate)								
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Altered or Spayed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Grooming (circle one)	<input type="checkbox"/> Clip/Hair Cut <input type="checkbox"/> Bath <input type="checkbox"/> Nails Only		<input type="checkbox"/> Clip/Hair Cut <input type="checkbox"/> Bath <input type="checkbox"/> Nails Only		<input type="checkbox"/> Clip/Hair Cut <input type="checkbox"/> Bath <input type="checkbox"/> Nails Only		<input type="checkbox"/> Clip/Hair Cut <input type="checkbox"/> Bath <input type="checkbox"/> Nails Only	
Instructions								

I, the undersigned owner, or owner's agent, of the Pet(s) identified above, certify that I am over eighteen years of age, and thereby consent to the grooming of my Pet(s) by the professional groomer(s) at Creature Comforts Kennels. I understand that some risks always exist with all types of grooming, vaccines, and/or including unknown physical abnormalities, allergies, and other unforeseen complications, and that I am encouraged, and it is my responsibility to discuss any concerns I have about those risks with my attending groomer before the procedure is initiated.

I understand that the Pet(s) identified above must have his/her vaccines up to date before coming to Creature Comforts Kennels to have any services performed. As the owner/agent, you are responsible for making sure that your Pet(s) has the following vaccines up to date: Bordetella, Distemper/Parvo and Rabies vaccines (canines), and Feline Distemper and Rabies vaccines (felines).

I understand that the "Type of Grooming" selection made above may vary at different appointments based on the services requested each visit, and I will discuss desired services for each visit with the grooming or kennel staff.

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I understand that the grooming process can be stressful to any Pet at any time, and the grooming services will be done in a professional manner. I will not hold Creature Comforts Kennels liable for any health conditions that may arise during or after grooming of the Pet. **If I have any concerns regarding grooming I will notify CCK within 24 hours after the grooming service.**

I understand that I may request an estimate before the grooming process begins, and I am encouraged to discuss all fees attendant to such care before services are rendered. I understand that any estimate given **is only an estimate** of the known charges, and that complications and/or unforeseen additional problems may require additional services and time; and therefore, increased fees. Should some unexpected life-saving emergency care be required, the Creature Comforts Kennels staff has my permission to call on Premier Vet Care to provide such treatment and I agree to pay for such additional care.

If my Pet is not picked up before Creature Comfort Kennels closes, I agree to pay applicable boarding fees (per Pet) for each night that your Pet(s) is here and assume financial responsibility for the balance of all services rendered on a cash, and/or credit card basis at the time my Pet is discharged. I further agree that I, or an authorized agent of mine, will pick up my Pet and pay for all accrued charges upon dismissal of my Pet from Creature Comforts Kennels. I agree that if I fail to comply with this policy, CREATURE COMFORTS KENNELS may handle this abandonment and/or failure of payment in the best interests of the animal and the facility.

If you do not pay your bill in full at check-out, CCK may or may not return your Pet to you at the time of check-out. You understand, however, that you will remain liable for all charges incurred during your Pet's stay, and CCK reserves the right to collect any unpaid balance. Failure to pay is considered theft of service and is prosecutable. You understand every effort will be made to achieve a successful stay and to provide for all possible safety in boarding/grooming care and handling. Furthermore, you agree to pay fees for services rendered at the time the pet is discharged from the facility or prior to services, as facility policy requires, or the service is otherwise terminated. You agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. You understand that a service fee of \$25.00 will be assessed for funds which are cancelled/stopped, denied, or deemed as non-sufficient after payment has appeared to have been processed, regardless of the type/form of payment. You also understand that a service fee of \$25.00 will be assessed for any certified letter that must be sent. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$1.00.

You have read this entire Agreement/Consent. You have had the opportunity to discuss it with us to your satisfaction. You agree to the terms of this Agreement/Consent and understand that your signature is legally binding.

Pet Owner Signature _____ Date _____

Pet Owner Name _____ 1st Phone: _____

Address (Street or Mailing Address) _____ 2nd Phone: _____

Address (City, State, Zip Code) _____ E-mail: _____

Spouse/Other Name _____ 3rd Phone: _____

Spouse/Other E-mail: _____ 4th Phone: _____