



New Client Form

Owner's Information:

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Cell: _____ Work: _____

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Email: _____

Dog's Information:

Dog's Name: _____ Breed: _____

Age: _____ DOB: _____ Sex: M__F__ Neutered/Spayed: Y__N__

Weight: _____ Color: _____ Concerns: _____

Vetrinarian's Information:

Vetrinarian: _____ Phone: _____

Vaccination Expiration Dates: *Please Provide OIDS with a copy of vaccine records.*

Rabies Exp.: ___/___/___ Bordetella: ___/___/___ D/H/L/P -Distemper: ___/___/___

How did you hear about Orchid Island Dog Spa?

- Facebook Hometown News 32963 Vero Beach News Yelp
- Google Instagram Dog Park VeroBeach.Com Flyer
- Almanac Chamber of Commerce Care.com Walk In
- Friend _____ Referral _____
- Other _____

GROOMING / BATHING GUIDELINES*



_____ I do hereby entrust my pet(s) to Orchid Island Dog Spa for the purpose of grooming and/or bathing my pet(s). I am aware that all due care will be taken with my pet(s) for the safety of the pet / groomer / bather. I understand that sometimes grooming and / or bathing may expose or exacerbate a hidden preexisting condition. Orchid Island Dog Spa will report any findings to owner at time of groom or bath. OIDS cannot diagnose a condition, but may advise you to seek veterinary attention.

_____ If your pet has any medical problems, Orchid Island Dog Spa and its employees ask to be made aware of them so that the groomer / bather / staff members may take any necessary steps to make your pet comfortable.

_____ I am aware that neglect of my pet’s coat may be a cause for problems after grooming such as clipper / brush irritation.

_____ I understand that if my pet is wiggly, uncooperative or aggressive during the grooming procedure, accidents such as nicks from clippers or scissors are possible and do not hold OIDS liable for any medical expenses.

DEMATTING:

_____ I am aware that if my pets coat is matted my options are:

1. Groomer/bather will de-mat my pet at \$1.00 per minute [minimum \$15] in addition to the regular groom fee. After 30 minutes, groomer will discontinue de-mat session for the comfort and safety of the pet, de-mat complete or not.
2. My pet will receive a shave down the safest, most comfortable option for my pet.

_____ Orchid Island Dog Spa and its employees have the right to refuse service in the event of a pet we can NOT safely handle. Grooming services may be stopped mid-groom if necessary for the safety of my pet or groomer and I understand that I may be required to pay a minimum of a \$25-time loss fee.

I, the undersigned, have read, do understand, and hereby agree to the above terms for the grooming and maintenance of my pet, and inconsideration of the grooming and bathing services of Orchid Island Dog Spa. Its Owner[s] or Employee[s] agree to Hold Harmless from damage, loss or claims arising from any known or unknown pre-existing condition of my pet. The terms, special services or handling shall include, but are not limited to, veterinarian emergency services in the event I am not available.

Pet Owner’s Signature

Date

OIDS Witness

Date



Policy Agreement

To ensure the safety and health of your pet and that of our other guests, we require everyone to comply with the following. Orchid Island Dog Spa and any persons employed by Orchid Island Dog Spa will be known from here on as OIDS in the rest of the contents of this document.

Days and Hours: We are currently open Monday thru Friday from 9am-6pm, Saturday from 9am-2pm and Sunday by appointment. This may change without notice, see website or call for updates.

Personal Property: We are not responsible for any personal property left at OIDS. This includes but is not limited to leashes, collars, toys, food and medication.

Payment: Payment in full is required before your pet leaves our facility. **Currently at this time we only accept VISA, MASTERCARD, AMEX & DISCOVER. We apologize for any inconvenience this may condone.**

Cancellation Policy: In the event you need to cancel your appointment a 24-hour notice prior to your appointment will be made. Leaving a message on the O.I.D.S. voice mail is acceptable.

Photo Release: By signing this document you are giving permission to OIDS to use pictures we have taken of your dog for advertisement for OIDS. Your name and personal information will not be used, but the images of your dog enjoying their time in our facility could be published. If you **would NOT** like your dog's photo used, please initial here. _____

Dangerous Animals: All pets must be non-aggressive. Owners must clarify that their pet has neither harmed nor shown any aggressive or threatening behavior towards any person or other animal. In the event that your animal is too stressed or becomes dangerous OIDS has the right to refuse, stop, or cancel services at any time before, during, or after services.

Use of Muzzles and Gentle Leaders: I understand these devices do not harm my animal and protects both the animal and the employee and I do give consent to the use of said devices. The use of these devices may calm a stressed animal, allowing the continuation of the service being offered.

Veterinary Care Requirements: All pets must have up-to-date vaccinations. Vaccines must be administered 1 week prior to your visit to OIDS. Pets 9 months or older must be spayed or neutered, exceptions can be made if dog passes evaluation. If a pet has a medical reason for not having vaccines, they will have to be approved by the manager before attending. Dog owners must provide proof of vaccination. The canine vaccines required are DHLPPV [distemper, hepatitis, leptospirosis, parainfluenza and parvovirus], Rabies, and Bordetella every 12 months.

Health: Owners must certify their pet is in good health and has not been ill with a communicable condition in the last 30 days will be required to provide veterinarian certification of health to be admitted or readmitted.

Restricted Areas: Due to insurance purposes, OIDS asks that NO unauthorized individuals enter any restricted areas of the facility.

Parasites/Flea Infestation: **OIDS will treat and/or administer a flea bath to eradicate the fleas in order to maintain salon sanitation, if needed.** OIDS strongly recommends the use of an effective flea/tick preventative. OIDS is not responsible if your pet contracts fleas. OIDS will notify you if there is a need for veterinary care concerning your animal and parasites. Any owner who does not treat their animal properly or take proper procedures to control parasites on their animal(s) will risk being negligent in their responsibilities to care for their animal(s). Concerns regarding being negligent to properly care for your animal will be made to the local Animal Control Agency. If we find fleas on your dog while at OIDS, your dog will be bathed and you will be charged.

Veterinary Care: OIDS will make every attempt to contact you in the event of a medical emergency involving your pet. However, if we should be unable to reach you, we will need formal authorization to request care for your pet on your behalf. Please review the following Animal Medical Power of Attorney, and if acceptable sign below.



1. Effectiveness: This Animal Medical Power of Attorney shall become effective in the case of a medical emergency requiring immediate care for my pet during my absence or if deemed necessary to preserve the life or well-being of my pet.

2. Powers: By the execution of this Animal Medical Power of Attorney, it is my intention that my attorney in-fact shall have authority to make all the emergency health care decisions for my pet to the same extent I would including but without limitation, the following to employ and discharge medical personnel; to execute documents; to provide written consents/releases for treatment; to obtain and administer prescribed medications; and to incur reasonable and necessary fees and costs in carrying out the powers and duties under this document that shall be reimbursed by me upon demand by OIDS

3. Indemnification: I shall hold harmless and indemnity my attorney-in-fact from all liability for acts done in good faith.

Assumption of risk, release and indemnification

- 1. Assumption of Risk:** I understand and acknowledge that pets can be extremely unpredictable in behavior and while OIDS performs its services, the chance of injury to my pet is possible. I assume all risks related to ORCHID ISLAND DOG SPA services to me and my pet (with the exception of gross negligence of OIDS), including but not limited to: illness; bodily injury; death; theft; falls; bites collisions with vehicles; natural disaster; the unavailability of emergency medical care; or the negligence or deliberate acts of third parties.
- 2. Release of Liability:** I agree not to sue and to release from liability OIDS, its officers, owners, agents, employees and other persons or entities involved with the services offered by OIDS, from all actions, claims or demands for injury, loss or damage regardless of the cause.
- 3. Indemnification:** I understand and acknowledge that pets can be extremely unpredictable in behavior and may cause damage to third parties for which OIDS could be held liable. I agree to bear any and all damages, losses, liabilities, demands and expenses, including legal and professional fees OIDS may incur as a result of any damage caused by my pet, and I agree to defend, and hold OIDS harmless from any liability thereon.

It is the intention of the parties to this agreement that the foregoing release shall be effective as a bar to all actions, fees, damages, losses, claims, liabilities, demands or debts whatsoever, or any nature or kind, known or unknown, suspected or unsuspected, arising out of the performance of ORCHID ISLAND DOG SPA'S services. The parties to this agreement expressly consent that this release shall be given full force and effect in accordance with each and all of its expressed terms and provisions.

I understand that this Agreement contains an Animal Medical Power of Attorney, release of liability and a contract between OIDS and I am signing this agreement of my own free will. If any part of this Agreement is deemed unenforceable all the parts shall be given full effect to the extent possible. IF there is a dispute between the parties relating to this to recover all costs and expenses of any subsequent proceedings [including trial, appellate, and arbitration proceedings] including the attorney fees incurred therein. This Agreement contains the complete understanding of the parties with respect to the subject matter hereof and supersedes all prior representations and understandings, whether oral or written. This Agreement may be modified only by writing signed by both parties.

Pet Owner's Signature

Date

O.I.D.S. Witness Date