# **2020 Pet Release Form & Customer Agreement Form**

## **Zion Canyon Canine Recreation Center & Spa**

**Customer Information:**

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Client Information:**

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

Age: \_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_ Color(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_ Altered: Y / N

Primary Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Core Vaccines given: YES / NO

Known Health Concerns (i.e. allergies, lumps/bumps, seizures, urinary issues, joint issues, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Customer Agreements:**

YES / NO Photo Release: We occasionally like to take photos of our clients and feature them in our shop or for social media/advertising. Do we have your permission to use your pet(s) photo? We do not provide any compensation for using pets’ photos, just bragging rights for you!

­­­­­­­\_\_\_\_\_\_ **Emergency:** In the event of an Emergency, I authorize this establishment to immediately seek professional veterinary attention for my pet AT MY EXPENSE. I understand that all attempts will be made to contact me in case of an emergency. If no contact can be made, I understand that veterinary care will be done through the Zion Veterinary Clinic. I agree not to hold this establishment responsible for any incidence requiring veterinary care.

\_\_\_\_\_\_ **Coat condition and temperament:** I understand that both items may not be found until after grooming has begun. If my pet’s temperament causing an issue during grooming, additional time may be needed, among other adjustments. I understand my groomer may need to charge an additional fee for this. If my pet’s coat is tangled or matted that there is an increased risk for clipper burn or cuts to occur. This is due to the difficulty of attempting to get a blade or brush in between the matts and the skin and/or the stress of the process causing the pet to nip or move more frequently. I understand that the groomer and the establishment will not be held responsible for such occurrences, although they will take every precaution to prevent them. I also understand that matted pets take additional time to complete, therefore, there will be an additional fee added to my bill if my pet’s hair is matted.

\_\_\_\_\_\_ **Health:** I understand grooming can be stressful to some pets and I agree to inform my groomer of any and all health or stress related issues my pet has prior to grooming. I also understand that it is mandatory to have my pets up to date on all 3 core vaccines prior to grooming at this establishment. \_\_\_\_\_\_ **Overweight/Obese Dogs:** I understand that dogs considered to be overweight or obese (per the Body Conditioning Scoring system by Purina) may have more difficulty standing and/or lifting legs during their groom. I understand that if my pet is overweight or obese, I will incur additional charges to compensate for extra time and strain on the groomer in their efforts to keep my dog comfortable and safe.

\_\_\_\_\_\_ **Cancellation Policy:** I understand that if I need to change or cancel my appointment time, I must do so at least 24hrs in advance so that the time slot can be passed to another client. A no-call, no-show will result in a $10 penalty fee, which will be due at the time of my next appointment. Two no-call, no-shows will result in a requirement to pre-pay a 50% non-refundable deposit at the time of booking any future appointments.

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_