

Pet Cuisine & Accessories – Grooming Registration Form

Owner's name: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Address: _____

Name of Pet: _____ Breed: _____

Age: _____ Sex: _____ Circle one: Spayed Neutered Intact

Medical Conditions: _____

Veterinarian: _____

Address: _____

Phone #: _____ Date of last Vaccine: _____

Emergency Contact:

In the event of an emergency, if we are unable to reach you, whom may we contact? Please provide all applicable phone numbers.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Vaccinations Waiver

I understand that my pet may be exposed to other animals and that it is my responsibility to ensure my pet is current an all vaccinations. Failure to vaccinate my pet means they are vulnerable to illnesses and diseases. I agree to hold harmless Pet Cuisine, its employees and Groomers should my pet become ill due to lack of proper vaccinations.

Client: _____ Date: _____

Groomer: _____ Date: _____

Liability Waiver

I agree to hold harmless Pet Cuisine, its employees and groomers if any injury or death occurs while my pet in is their care. I also give my permission for my pet to be taken to an Emergency Veterinary Clinic in the case of an emergency while in their care. I will assume responsibility for all veterinary expenses as a result of existing medical conditions or acts of god. I understand that accidents do happen and I agree to waive any lawsuits or attorney fees.

Client: _____ Date: _____

Groomer: _____ Date: _____