



GROOMING RELEASE FORM

Owner: _____

Phone number: _____ Alternate phone number _____

Dogs Name: _____ Date of Birth _____

Is your pet being treated for any medical conditions at this time? Yes _____ No _____ If yes, please explain:

I understand that my pet is matted and will require shaving. Please initial: _____

All animals must be current on required vaccinations before grooming.

I give Pups@Play permission to bathe and groom my animal. I realize that grooming requires the use of scissors and other cutting instruments and that such use may result in injury if the animal being groomed moves suddenly. I will not hold the groomer or Pups@Play responsible for any injuries that occur during grooming.

Signature: _____ Date _____

Thank you for choosing Pups@Play. We hope that your pet enjoys its time here and that our service exceeds your expectations. If we can do anything to make your experience a better one, please let us know.