| Emergency Care Authorization: In the event of illness or injury during grooming, I authorize, emergency veterinary care for my pet. Please use my preferred veterinarian, but in case of urgency, any qualified veterinarian may be contacted. | |
|---|-------|
| | |
| Address: | |
| Owner's Signature: | |
| Pickup/Drop-off Agreement: | |
| I understand and agree to the pickup and drop-off times as discussed with the salon. I acknowledge the salon's policies regarding late pickups and unclaimed pets. | |
| Latest Pick up Time is | |
| Owner's Signature: | Date: |
| Cancellation and Rescheduling Police | ey: |
| I have reviewed and understand the salon's policies regarding cancellations, rescheduling, and associated fees. | |
| Owner's Signature: | Date: |
| | |
| Release and Consent | |
| I hereby consent to grooming services for my pet, and release the employees, and affiliates from any liability for accidents, injuries, or other incidents that may occur during or as a result of grooming. | |
| Owner's Signature: | |