

# Paws Pet Spaw

940 N. Stockman Rd.  
Skiatook Ok. 74070  
(918) 578-5191

## *New Membership Application*

*Thank you for giving Paws Pet Spaw the opportunity to pamper and care for your pet(s).  
So we may become better acquainted, please complete the following:*

### Contact Information

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  Retired

Email \_\_\_\_\_ Driver License # \_\_\_\_\_ DL State \_\_\_\_\_

**Emergency Contact:** *(This person must be local and decision maker, if we cannot reach you.)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you become aware of our services?

- Printed Ad     Facebook  
 Website     Referral - Who can we thank? \_\_\_\_\_

Who provided your grooming services previously? *(Optional)* \_\_\_\_\_

**We are required to have current contact information on file for each pet.**

*Please update with us as it becomes necessary.*

<b>Please List All Pets</b>	<b>1<sup>st</sup> Pet</b>	<b>2<sup>nd</sup> Pet</b>	<b>3<sup>rd</sup> Pet</b>	<b>4<sup>th</sup> Pet</b>
<b>Name</b>				
<b>Breed</b>				
<b>Gender</b>				
<b>Spayed/Neutered</b>				
<b>Color</b>				
<b>Age / D.O.B.</b>				
<b>Weight</b>				

# Pet Information & Medical History

(Please fill out a medical history form for each pet)

Pet Name \_\_\_\_\_

Has your pet had any previous major illness or surgeries (Circle One) **Y** or **N** If so, please explain \_\_\_\_\_

Does your pet have any allergies or skin conditions: \_\_\_\_\_

Has your pet ever had irritation caused by grooming? If so, please list areas affected and any additional information: \_\_\_\_\_

Is your pet on any special diets or medications?

Special Diet: \_\_\_\_\_

Brand of Pet Food: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Schedule: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Schedule: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Schedule: \_\_\_\_\_

May your pet have any treats while they are here? (Circle One) **Y** or **N**

Is your pet currently using any type of Flea and Tick Control: (Circle One) **Y** or **N** If so, Please List Brand:

\_\_\_\_\_ Last Date Administered \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Does your pet have any fears such as thunder, noise, other pets, etc: (Circle One) **Y** or **N** If so, please explain?

Has your pet ever bitten anyone, or shown any type of aggressive behavior to people such as food or fear aggression?

(Circle One) **Y** or **N** If so, please explain: \_\_\_\_\_

Has your pet ever shown any aggressive behaviors towards other animals? (Circle One) **Y** or **N** If so, please explain: \_\_\_\_\_

Does your pet have any other health concerns we need to know about?

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Deafness  | <input type="checkbox"/> Arthritis                   | <input type="checkbox"/> Skin problems |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Hip or other joint problems | <input type="checkbox"/> Allergies     |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Other: _____                |  |

Please describe any of the above or other physical problems that your pet may have:

Has your pet ever experienced any other problems with other pet professionals from the past that we would help us with pampering your pet: (Circle One) **Y** or **N** If so, please explain? \_\_\_\_\_

Does your pet or you have any special needs or requests? **Y** or **N** If so, please describe:

# Vaccination Release Form

## Veterinarian Information:

Hospital/Clinic: \_\_\_\_\_ Veterinarian's Name: \_\_\_\_\_

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

I, (Pet Parent/Owner) \_\_\_\_\_,

approve of the release of vaccination and other preventative medications/treatment information for my pet(s) at

(Veterinarian or Clinic) \_\_\_\_\_, to "Paws Pet Spaw, Inc."

**Pet Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Initial** All pet(s) must be current on all vaccinations. This release form must be signed, completed, and annually updated.

**For office use only:** This release form will be effective for 1 year from the date of signature. Please attach copies from Veterinary Office.

	1st Pet	2nd Pet	3rd Pet	4th Pet
Name				
Breed				
Rabies	Due Date	Due Date	Due Date	Due Date
DHPP (Lepto)	Due Date	Due Date	Due Date	Due Date
Bord	Due Date	Due Date	Due Date	Due Date
FVRCP	Due Date	Due Date	Due Date	Due Date

# PET SPAW RELEASE

While your pet is visiting us, we want to assure you that it is our priority to make certain that your pet's visit is as peaceful as possible. PAWS PET SPAW reserves the right to **charge additional fees** for services that we consider beyond the normal services covered by our standard rates. There will be an **additional charge for excessive de-matting, scissoring, brushing, or parasitic issues** and those pets that are **extremely hard to handle** will be charged an extra fee **on top of the regular groom price**. We have a **FLEA FREE POLICY**. In the event that we find even one flea on your pet, it is agreed upon that we shall administer an *Oral Flea Control Tablet* to your pet at an **additional \$20.00 cost to the pet owner**. This fee will cover the cost of the Oral Flea Control Tablet and an all-natural Flea & Tick bath Treatment. This is to reduce the chance of infesting fleas in our home, and ensure that your pampered pet does not return to your home with any fleas or ticks. We also **reserve the right to refuse service** to customers whose pets may pose a threat to us or to the other pets visiting PAWS PET SPAW, whether it be an **aggression problem, health problem or parasitic problem** (other than fleas). I agree to pay any additional charges that are beyond the normal services covered by the standard rate.

On occasion a pet's Spaw day can expose a hidden medical issue or aggravate a pre-existing medical issue. This can occur during or after your pet's Spaw day treatments. I hereby agree to in no way hold responsible PAWS PET SPAW or its employees and volunteers for any problem resulting from my pet's visit. I further agree it is my responsibility to seek veterinary attention for my pet within 24 hours of my pet's visit should such action is advised by the staff of PAWS PET SPAW.

In the unlikely event that your pet is injured, or suffers from any other unforeseeable encounter requiring medical veterinarian attention, your signature below authorizes PAWS PET SPAW to obtain Emergency Veterinarian Care, if needed, at the pet's owner expense. PAWS PET SPAW will not be held responsible for any injury to your pet. Every effort will be made to contact the pet's owner as soon as any incident occurs. I believe that all precautions will be taken with care. By signing below, I grant permission for this grooming establishment to obtain emergency veterinary treatment for my pet should it become necessary, at my expense.

**Pet Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## SEVERELY MATTED PET RELEASE

When a pet is **severely tangled or matted**, it causes greater stress on the pet to be de-matted. These pets are at a **greater chance of injury** during the grooming process due to unforeseeable, underlying issues; such as skin irritation, clipper irritation, nicks, and possible mental/physical stress. In the event that my pet's coat is severely matted or tangled, I agree to allow PAWS PET SPAW to shave-down my pet's hair. I understand that there will be an **extra charge** and I agree to pay the extra charge at the time I pick up my pet. Whereas a matted or tangled pet may not need completely shaved down additional brushing and detangling techniques may be used and will be **charged at a rate of \$10 per 30 minutes**.

Skin underneath matts is already raw and inflamed. There are higher chances of nicking the skin during de-matting and/or clipping. In the event that your pet is nicked or cut, your signature below authorizes Paws Pet Spaw to obtain veterinary care at your expense. Paws Pet Spaw will not be held responsible for any injury during grooming to pets with matted coats. This also includes any after-grooming effects of matt clipping or de-matting procedures, which could include but are not limited to the following: itchiness, skin redness, or self-inflicted irritations/abrasions from excessive external rubbing. Of course, all precautions will be taken to minimize any stress and or potential injuries from the matt clipping or de-matting process.

**Pet Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**All fees are due at the time services are rendered.** Payment Options are **CASH ONLY** at the moment. We are sorry in advance for any inconvenience this may cause.

# Pet Photo Release Waiver

## Authorization and Release

I hereby grant permission to Paws Pet Spaw, and its officers, trustees, employees, agents, students, representatives, successors, licensees and assigns to photograph my pet(s) image, likeness, I hereby grant permission to Paws Pet Spaw to edit, crop, and retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of my pet(s) to be used by Paws Pet Spaw worldwide for any purpose, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that Paws Pet Spaw may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for Paws Pet Spaw's use or publication of photographs of my pet(s).

I hereby fully and forever discharge and release Paws Pet Spaw from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of photographs of my pet(s) by Paws Pet Spaw, and covenant and agree not to sue or otherwise initiate legal proceedings against Paws Pet Spaw for such use or publication on my pet(s) behalf. All grants of permission and consent, and all covenants, agreements and understandings contained herein are irrevocable.

I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of my pet(s).

Paws Pet Spaw **MAY** take photos of me and/or my pet(s)

Paws Pet Spaw **MAY NOT** take photos of me and/or my pet(s)

**Pet Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_