



Client Information

Date: _____
 Time: _____
 Name: _____
 Phone: _____
 Email: _____
 Address: _____

Pet Information

Pet's Name: _____
 Breed: _____
 Male _____ Female _____ Age _____
 Vet: _____
 Health Issues/Pre-existing conditions:

 Behavior notes:

Call when ready _____ or Pick up no later than _____

Services

_____ Bath
 _____ Nail Clipping
 _____ Ear Cleaning
 _____ Anal Gland Expression
 _____ Teeth Brushing
 _____ Other _____

Full Service Grooming

Grooming prices include bath, ear cleaning, nail clipping and anal gland expression

Cut/trim

instructions: _____

Special

instructions: _____

Grooming Waiver

At Claws~N~Paws, your pet is important to us. We want to assure you that every effort will be taken to make your pet's bathing and/or grooming experience is pleasant. Occasionally, grooming can expose a hidden medical problem or aggravate a current condition. This can occur during or after grooming.

In the best interest of your pet, we request permission to obtain immediate veterinary treatment, at your expense, should it become necessary:

In the event that I am not present, I hereby grant permission to Claws~N~Paws to obtain emergency veterinary treatment for my pet, at my expense. The undersigned further grants full permission to Claws~N~Paws to use any photographs or videotapes from grooming for any purpose. Additionally, I have notified Claws~N~Paws of any pre-existing medical conditions my pet may have prior to receiving grooming services. My pet is up to date on Rabies, Distemper and all necessary vaccinations.

Signature: _____ Date: _____