



## 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: \_\_\_\_\_