



Grooming Release Form

Hopewell Animal Hospital, LLC

Client Name
Pet Name
Pet Name
Pet Name

Matting

Initial: _____

I understand and give full permission for the groomer to closely shave my pet if he/she deems necessary due to matting. Please note that there is an additional fee for heavily matted animals as mat removal takes an extended amount of time.

Fleas & Ticks

Initial: _____

I understand that if fleas or ticks are noted on my pet during the grooming process, the groomer is obligated to treat the pet at the owner's expense in order to ensure the health of all animals in the hospital.

Aggressive Behavior

Initial: _____

In addition, for the sake of my pet and the groomer, if my pet demonstrates aggressive behavior, he/she may need to be sedated before or during the grooming process. This is only done as a last resort and I will be notified prior to any such treatment.

Grooming Description Form

Initial: _____

We ask that you fill out the *Grooming Description Form* that we will provide for you upon request. As always, we will be extremely diligent in grooming your pet to your liking. However, since there are always discrepancies in individual perceptions of grooming descriptions, ***no refunds will be given on grooms.***

Pick-Up Time

Initial: _____

Pick-up time for grooms is not later than 5:00pm.

After carefully reading and initialing this form, I have signed:

Client Signature _____ Date _____

Client Phone Number _____

Emergency Contact Name _____

Emergency Phone Number _____