Pet Grooming Consent Form

Owner's Full Name
Pet's Name
Breed / Species
Age
Weight
Contact Number
Farail Address
Email Address
Preferred Grooming Services
Medical Conditions or Allergies
Veterinarian Name & Clinic
Vetermental realities & Gilling
Emergency Contact
Confirm my pet is fit and healthy for grooming.
I understand that all efforts will be made to ensure my pet's safety, but I will not hold the groomer liable for accidental injury.
■ I understand that severely matted pets may need to be shaved for their health and comfort.
l give permission to use my pet's photo for promotional purposes.
Signature

Date							