

Happy K9 Pet Release Form

HUMANS NAME :		TODAY'S DATE:	
ADDRESS		CITY/ STATE	ZIP
EMAIL: (We will email or text you promotions & events)		PHONE #	<u>Carrier</u> ex: SRINT (text apt. reminder)
PET NAME:	AGE:		
BREED:	WEIGHT:	FIXED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
PET NAME:	AGE:		
BREED:	WEIGHT:	FIXED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
PET NAME:	AGE:		
BREED:	WEIGHT:	FIXED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>

PLEASE READ EACH QUESTION AND ANSWER EACH QUESTION

Circle YES or NO as it applies your pet.

If your dog is female, is there a chance she is pregnant? YES NO
 Is your pet prone to seizures? YES NO
 Does your pet have any known allergies? YES NO
 Does your pet have skin problems? (rash, bumps, sores ect...) YES NO
 Does your pet have any parasites? (fleas ect....) YES NO

What is the approximate day of your pet's last vaccination? Month: _____ Year: _____
 Veterinarian Clinic? Name: _____ Phone: _____
 How is your dog with other dogs and humans? _____
 When he or she was last groomed? _____
 Did the groomer mention any concerns? _____
 Can he/she have a treat while here? _____
 Do you have special instructions for the groomer? _____

The following information is very important for you to review and fully understand.

It is imperative you, the owner share your dog's medical and behavioral history with us. Grooming a sick, elderly or injured pet without prior knowledge of its condition can worsen the condition or in extremely rare instances, grooming may exacerbate preexisting health problems in your pet. A dog that has been known to snap, hates the bath, blow dryer, feet touched, is excessively jumpy or hyper etc. could place your pet and/or your groomer in a dangerous situation. Safe steps can be initiated ahead of time to protect pet and groomer from injury if medical or behavioral conditions are disclosed prior to the groom. _____ Please INITIAL!

I understand **Happy K9** will do their utmost to protect the health and safety of my pet while on these premises. I acknowledge that accidents, however, can and do happen and I hereby absolve **Happy K9** its groomers and staff from any and all responsibility involving injury, escape, damage or disease during and after their grooming time at Happy K9.

This document shall remain valid forever. Please notify us of any changes to your pets' health.

Pet Owners Signature _____ Date: _____