



Client Grooming Agreement

Current Vaccinations: By signing this agreement, owners verify their pets are current on **Rabies, Da2PPv(L) and Bordetella Vaccinations**. Proof of vaccination shall be provided to Timbercrest Veterinary Service prior to or on the day of the grooming appointment. We will NOT be able to groom your pet if this information is not provided.

Aggressive or Dangerous Pets: Owners MUST inform the groomer if your pet bites, has bitten, or is aggressive to people, other pets or specific grooming procedures. Muzzles may be used if necessary. Muzzling will not harm your pet and protects both the pet and the groomer. The groomer reserves the right to refuse/stop services for such pet at any time before or during the grooming process. If the groomer requires extra assistance in order to groom your pet, there may be an extra charge. (\$2-\$5)

Flea Policy: To protect all visiting pets, we require clients pay \$5.50 for a 24-hour flea treatment if your pet is found with even a single flea.

Hold Harmless Agreement: By signing this contract you agree to hold Timbercrest Veterinary Service, it's owners, operators, and employees harmless from any damage, loss, or claim arising from any condition of the pet, either known or unknown to Timbercrest Veterinary Service. It is also further understood and agreed the terms of this agreement can change at any time, without notice, and will overwrite any and all prior signed agreements or releases. It is further understood this clause applies to any and all pets groomed.

In case of an emergency: If your pet becomes ill, we will call the numbers listed below to discuss your pet's symptoms, treatment options and estimate of additional costs. If no one can be reached however, please indicate your wishes below should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.

Please perform whatever services the doctor deems necessary as best care of my pet until someone can be reached. This includes non elective treatments and necessary diagnostics.

I authorize up to (check one and indicate amount) \$ _____ \$100 \$200

Do not administer any medical treatment until specific authorization is given.

May we use your pets' picture on our website(s) or social network? YES or NO

Please complete the following service(s) on my pet: _____

_____ Regular Bath

I would also like the following add on(s):

_____ Teeth Brushing

_____ Regular Nail Trim

_____ Dremmeling of nails after nail trim

_____ Anal Gland Expression

_____ Medicated Shampoo

_____ FURminator Treatment

I have read and agree to the policies of Timbercrest Veterinary Service.

Name: _____

Phone #: _____

Date: _____