



PET GROOMING AGREEMENT

In order for your pet to be groomed today, they must be current on the following vaccinations:

DOGS

DA2PPv (or equivalent)
Rabies
Bordetella

CATS

FVRCP
Rabies

Owner's Full Name

Address

City

State

Zip Code

Phone Number

Email Address

Emergency Contact

Full Name

Phone Number

Email Address

Pet's Name (only **ONE** pet per form)

Approximate Age / DOB

Breed

Color/Markings

Size

Microchip ID

Sex: MALE / FEMALE

Neutered/Spayed: YES / NO

Does your pet have any allergies or diet restrictions? YES / NO

If yes, please explain.

Please read the statements below and initial on the lines.

I acknowledge receipt of the Pet Grooming Agreement and General Information Packet.

I have read and understand the Pet Grooming Agreement, the Liability Waiver, and all that is included in the General Information Packet.

I understand that there are no refunds on pet grooming charges.

I understand that the pet groomer may choose to discontinue pet grooming services if my pet becomes aggressive or if the pet groomer becomes concerned about my pet's health.

I confirm that the information provided on my pet's health and vaccinations are accurate and up to date.

I agree to provide updated vaccination records when requested and understand that if I do not provide these records, my pet will not be accepted for pet grooming services.

I confirm that my pet is at least 12 weeks old and has had at least their first round of vaccinations, which includes DHPP or equivalent, Bordetella and Rabies for dogs and FVRCP and Rabies for cats.

I acknowledge that I have read and agree to all terms in the Liability Waiver.

I understand that if I deem grooming unsatisfactory, I must address any issues or concerns to the pet groomer at the time of pick up or within 24 hours. If I do not raise any concerns before my pet leaves the premises or within 24 hours, I understand that the pet groomer and any other staff members will not be able to adequately assess or address my issues or concerns.



VACCINATION FORM

Owner's Full Name _____

Pet's Name (only **ONE** pet per form) _____

Approximate Age / DOB _____

Breed _____

Color/Markings _____

Sex: MALE / FEMALE

Neutered/Spayed: YES / NO

Please complete the above information and attach a copy of your pet's up to date vaccination history from your veterinarian or clinic. Include copies of your pet's vaccinations and Rabies certificates to include in your pet's profile.

FOR OFFICE USE ONLY:

DOGS	Performed?	Date Given	Date Expires	STAFF USE ONLY
DA2PPv Vaccine AND/OR one of the following equivalents: Distemper Parvo, DA2P2v, DA2PPv + Lepto, DHLPv, DHPP, DA2PPv + Lepto + Coronavirus, DA2PPv + Coronavirus, DHLPv	YES / NO	__ / __ / __	__ / __ / __	
Bordetella Intranasal	YES / NO	__ / __ / __	__ / __ / __	
Rabies Vaccine	YES / NO	__ / __ / __	__ / __ / __	

CATS	Performed?	Date Given	Date Expires	STAFF USE ONLY
FVRCP Vaccine or equivalent.	YES / NO	__ / __ / __	__ / __ / __	
Rabies Vaccine	YES / NO	__ / __ / __	__ / __ / __	

☐ Pet Grooming Agreement

☐ Vaccination Form(s)

☐ Liability Waiver

☐ Read Receipt

Date of Submission

Notes _____



LIABILITY WAIVER

I hereby agree to waive, relinquish, release and forever discharge (a) Valley Animal Center and its employees and (b) any volunteer assisting or working on behalf of Valley Animal Center from any and all claims or causes of action or injuries, damages, loss, liability, or expenses that I may have or which may accrue hereafter to me or any other person claiming through me or on my behalf or arising out, connected with, or in any way associated with the use of Valley Animal Center's pet grooming services.

I further agree to indemnify and hold harmless and defend (a) Valley Animal Center and its employees and (b) any volunteer assisting or working on behalf of Valley Animal Center from against any and all losses, claims, damages, liabilities, causes of actions and expenses (including, but not limited to, court costs and attorney fees), occurring, growing out of, incident to, or resulting directly or indirectly from my use of this facility and surrounding area, including without limitation any losses, claims, damages, liabilities, cause of actions and expenses on account of personal injury to or death of any person or animal, or damages to property of any person entity.

By signing this contract, I agree to hold Valley Animal Center and its owners, operators, employees, director, or volunteers harmless from any damage, loss, or claim arising from any condition of the undersigned pet, either known or unknown to Valley Animal Center. It is also further understood and agreed that the terms of this agreement can change at any time, without notice, and will overwrite any and all prior signed contracts or releases.

By signing below, I affirm that I have read and fully understand the above important information, have had the opportunity to discuss these terms with Valley Animal Center to my satisfaction, and agree to all terms in their entirety.

Owner's Full Name (printed)

Date

Pet's Name



PET GROOMING AGREEMENT READ RECEIPT

Agreement and acknowledgment of the Pet Grooming Agreement:

I agree that the Pet Grooming Information Packet represents and expresses the complete agreement regarding the terms and conditions of pet grooming services.

By signing below, I affirm that I have read and fully understand the above important information and the information provided in the Pet Grooming Agreement.

Owner's Full Name (printed)

Date

Pet's Name

