

Doggie Castle

Pet Grooming and Spa

I _____ owner of my pet(s) _____ Understand, and Agree to the following policies of Doggie Castle:

- A. I certify that my pet(s) are in good health, and have been free from any kind of communicable disease within the last 30 days.
- B. I guarantee that my pet(s) has not shown any aggression towards any other animals or persons.
- C. I certify that my pet(s) are current on all vaccines, and are under current care of a licensed veterinarian. I will provide proof of vaccinations to Doggie Castle.
- D. I understand and agree that Doggie Castle, its owners, employees and affiliates will not be liable for any problems or injuries which may develop to my pet(s), provided that reasonable care and precautions are followed. I hereby release them of any liability of any kind that may arise.
- E. I understand that Doggie Castle reserves the right to refuse service to any pet who may pose a threat to any employees.
- F. In the event of any kind of emergency I give Doggie Castle permission to transport my pet(s) to a veterinarian at their sole discretion. I agree that any resulting veterinary bills will be my sole responsibility, and release Doggie Castle from any financial responsibility.
- G. Reservations are recommended for grooming. Cancellations require a 24 hour notice, failure to provide proper notice may result in a 25% charge of the originally quoted price of the grooming.
- H. Regular business hours are Monday-Wednesday, Friday 7am-5pm and Saturday 9am-3pm.
- I. Any pet(s) not picked up by closing time will be charged an additional \$5 for every 10 minutes that you pet(s) remain in Doggie Castle's care.
- J. All sales are final.

Customer's signature

Date

Doggie Castle

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Doggie Castle does not sell, share, or distribute any information to any person or company.

Owner Information

Name	
Address	
Main Phone	Emergency Contact Information
Alt Phone	
Email	Phone

Pet(s) Information

Name(s) _____ / _____	Breed _____ / _____
Age _____ / _____	Sex M F / M F
Spayed/Neutered Y N / Y N	

Vaccinations

Dogs			Cats/Ferrets		
Type		Date Due	Type		Date Due
DHPP			FVRCP		
Bordetella			FELV		
Rabies Tag #			Rabies Tag #		
Year on Tag			Year on Tag		

Veterinarian Information

Name of Vet Office
Phone

Pet Notes

(anything we need to know about your pet!!)

How did you hear about us??

Please read and sign reverse side of sheet.