



Grooming Client Profile & Agreement

Name: _____

Name Of Others Authorized To Pick-Up: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Receive Email Confirmations/Reminders (circle): Yes No

Receive Text Confirmations/Reminders (circle): Yes No

How Did You Hear About Us? _____

By Signing this agreement and in consideration of the services rendered by Belly Rubs Pet Care, LLC (hereafter referred to as "Belly Rubs"), client or your Agent (hereafter referred to as "I, Me or My") releases Belly Rubs, it's owners, operators, employees, officers and directors harmless from all liabilities as a result of the misbehavior and health issues of my dog, whether known or unknown. I waive any and all claims against Belly Rubs relating to the safety of my dog arising during pick-up, transport, drop-off and stay at the facilities, unless caused by gross negligence of an employee of Belly Rubs.

Belly Rubs will always strive to uphold all of our offered services. I understand that Belly Rubs will exercise all due diligence and care in the guardianship of my pet. I acknowledge that any grooming which takes place on an elderly or frail pet is conducted at my own risk. I understand that due to the nature of this business, unforeseen situations may arise. Belly Rubs will contact me immediately if such an unforeseen situation does arise with my pet. I authorize Belly Rubs to do whatever is deemed necessary for the safety, health and well-being of my dog while under the care of Belly Rubs, including seeking professional veterinary treatment for my dog. I agree to relieve Belly Rubs, its employees, owners and agents from any and all liability which may arise from services provided by Belly Rubs; unless caused by gross negligence of an employee of Belly Rubs.

I understand that Belly Rubs has the right to refuse service to me and /or my dog at any time for any reason. Owners must inform Belly Rubs if your pet has had a history of aggression or bites towards other animals or humans. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Belly Rubs reserves the right to refuse service. If your pet should bite, the owner agrees to be responsible for any and all related medical bills, recovery costs, loss of income and equipment damage. I understand that all bites will be reported to the local authorities as required by law. A copy of your pet's rabies vaccination must be provided before grooming services will be performed.

Due to the environment in which we work, Belly Rubs' floors may be slippery when wet. Please use caution.

By signing, I acknowledge that I have read this agreement in its entirety and agree to the terms. This form will automatically apply to any and all additional services performed at a future date.

Client Signature: _____ Date: _____



Dog Profile

Pet's Name: _____ Breed: _____

Where Do You Go For Veterinarian Care: _____ Phone: _____

Color: _____ Male _____ Female _____ Spayed/Neutered Yes _____ No _____

Rabies Vaccination Record Provided: Yes _____ No _____

Is this your dog's first professional grooming appointment? Yes _____ No _____

Other groomers you use in the area: _____

How often do you have your pet groomed? _____

Medical: Please check all that apply.

<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Sensitive Skin
<input type="checkbox"/>	Blind	<input type="checkbox"/>	Epileptic/Seizure Prone
<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Allergies (list below in other)
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Chronic Ear Infections
<input type="checkbox"/>	Joint Sensitive/Arthritis	<input type="checkbox"/>	

Personality: Please check all that apply.

<input type="checkbox"/>	Scared Of Hairdryers/Vacuums	<input type="checkbox"/>	Aggressive With Other Animals
<input type="checkbox"/>	Aggressive With Other People/Strangers	<input type="checkbox"/>	Barks Frequently
<input type="checkbox"/>	Sensitive To Touch On Feet	<input type="checkbox"/>	Sensitive To Touch On Face/Mouth/Ears
<input type="checkbox"/>	Timid/Shy	<input type="checkbox"/>	Afraid Of Kennels/Kennel Shy
<input type="checkbox"/>	Separation Or Other Anxiety	<input type="checkbox"/>	Chews On Leash

Other/Explanation: _____
