

FANCY PETS.



NEW CLIENT FORM

Owner name:		Address:	
City:	Estate:		
Zip:	Phone:	Email:	

	Name	Breed	Age	Sex	Spayed	Neutered
Pet 1				M () F ()		
Pet 2				M () F ()		
Pet 3				M () F ()		

Please describe any medical conditions your pet has been diagnosed with:

Did you hear about us? Direct Mailing Drive By Yellow Pages Online Newspaper Referral

(To whom may we thank?) _____

FANCY PETS INC., (hereby referred to as "The Facility"). The undersigned hereby warrants he or she is the owner, or authorized agent for the owner of the above animal and does hereby request, consent and authorize The Facility to groom said animal. The undersigned acknowledges that no guarantees have been made, except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all service provided. Prices may vary depending on the amount of time it takes to groom your pet, the undersigned understand that time and cost associated with de-matting are unpredictable and subject to the particular condition of your dog. Additional charges will be discussed during the check in process or prior grooming.

The undersigned must inform FANCY PETS INC staff prior to grooming of any pet medical conditions, any acts of aggression at humans or other dogs or any other aggressive behaviors. Pets with behavioral issues, poor coat condition, and similar issues may incur additional fees. (Special Handling)

The undersigned must be on time for the pet's appointment, if she or he is over 20 minutes late, the pet may be required to re-book. The undersigned is agree to pick up the pet at the arranged time. After notification of the completion of the groom, the owner has 1-1/2 Hours to pick up unless prior arrangements have been discussed. After that period, The Facility reserves right to charge a \$5.00 fee per hour (o fraction thereof) after the initial 1-1/2 hours. If the pet has not been picked up by closing time The Facility will board the pet overnight with applicable charges.

In addition to your pet being in good general health and current on all required vaccinations, all pets should be on a scheduled flea and tick program. Exception are limited to pets with a written veterinary excuse. In the rare cases of an emergency The Facility reserves the rights to administer aid and/or transport to and be treated by a veterinarian. Any expenses incurred shall be paid by the owner listed above and signed below. Exception, would be if there is any negligence on our part proven, we would pay via Insurance.

All pets are handled and cared for by The Facility staff and contractors without liability on the facilities part for loss or damage from disease, injury, theft, fire, death, escape, harm to persons, other pets or property, or any other unavoidable causes. Any insurance claims or vet bill reimbursement claim must be requested with 72 hours of check out and will require a detailed veterinary report signed by the attending D.V.M.

This agreement and the terms bonds a relationship between The Facility and the below undersigned pet owner. Each time your pet enters The Facility, you affirm the terms of this agreement and agree to indemnify and hold The Facility. Its employees and any associate, harmless from all liabilities and claims.

Signature _____

Date _____