



Grooming Profile & Agreement Form

SANDY PAWS

Client Name: _____ Address: _____
Phone #: _____ Alt. Phone #: _____
Email: _____

Dog's Name: _____ Breed: _____ Sex: _____
Age: _____ Birthday: _____ Spayed/Neutered: _____

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Age: _____ Birthday: _____ Spayed/Neutered: _____

**** Up to date Rabies vaccinations must be provided for all services at Sandy Paws ****

_____ **Matted/Shaved**

I have been advised that my dog is heavily matted and have authorized Sandy Paws to remove the matts by heavy brushing or shaving. Although Sandy Paws will use all precautions during this process, I understand possible reactions such as irritations, cuts or nicks to the skin can occur. I agree not to hold Sandy Paws responsible for minor injuries to the skin that are a result of the dematting/shaving process.

_____ **Aged Dog or Dog with a condition or handicap**

I am aware that my dog is a "Senior Citizen" or has a "Special Condition" and the normal process of grooming may be very stressful. The stress of grooming may cause inactive conditions such as heart, kidney or liver disorders to become active. This could result in inflammation, illness, seizures, or even death of my pet. Although Sandy Paws will take all reasonable care in the grooming of my pet. I acknowledge that the stress of grooming may initiate stress related problems with my dog. I agree not to hold Sandy Paws responsible for complications/reactions from the grooming.

_____ **Medical**

I have made the Sandy Paws staff aware of all of my dog's pre-existing conditions i.e. seizures, heart condition, fainting, etc. I have informed them of any medications my dog is currently taking. I understand that if my dog is too difficult to groom, Sandy Paws may require a prescription medication in order to groom again. Prescription medication is to be discussed and provided by my dogs Veterinarian.

_____ **Flea/Tick Treatment**

I have requested and/or been notified that my dog needs to be treated for fleas, ticks or other parasites. I have been advised that my dog may be sensitive to an ingredient in the flea/tick treatments. Although Sandy Paws personnel will use care and precautions in the flea/tick treatment procedure, I agree not to hold Sandy Paws responsible for any reactions for the flea/tick treatment process.

_____ **Cancellation Policy**

A second last minute cancellation and/or "No Show" after the first warning, will result in a \$25 Fee. I acknowledge that the groomers work on commission and do not get paid if I do not show up. I am aware that cancellations are to be made 24 hours in advance of my dogs scheduled grooming appointment. Sandy Paws may not be able to groom my dog if I am 15 or more minutes late for my dog's appointment. A late arrival will be considered a no show. However, Sandy Paws understands emergencies and we will do our best to accommodate you and your dog the best we can.

_____ I agree that Sandy Paws groomers have the right to choose to not groom my dog if they feel it may cause harm or danger to them or my dog.

I have read and agree to the terms outlined above.

Date: _____