

DOG DAY AFTERNOON

DOG DAY AFTERNOON, LLC 4734 Magazine St., New Orleans, LA 70115 504-899-1850

GROOMING CONTRACT

MATTED/TAKEDOWN

I am aware that my pet is heavily matted and authorize Dog Day Afternoon, LLC to remove the matts by shaving or heavy brushing. Although precautions will be used during this process, I have been informed and understand possible reactions such as irritation, or nicks on the skin, and agree not to hold Dog Day Afternoon, LLC responsible for minor injuries to the skin that are a result to the de-matting process.

ELDERLY PET

I am aware that my pet is an elderly pet and that the process of grooming may be stressful to them. The stress of grooming may cause latent, or unknown, or inactive conditions such as heart, kidney, or liver disorders to become active and can result in illness, seizures or the death of my pet. Although Dog Day Afternoon, LLC will take reasonable care in the grooming of my pet, I acknowledge that the stress of grooming may initiate stress-related problems in my pet. I agree not to hold Dog Day Afternoon, LLC responsible for reactions to grooming.

SPECIAL CONDITION/NEEDS PET

I am aware that my pet has certain special conditions and that the process of grooming may be stressful to them. The stress of grooming may cause known special conditions such as arthritis, bone, joint, prone to seizures or surgical sites to become active or inflamed, and unknown or inactive conditions such as heart, kidney, or liver disorders to become active and can result in illness, seizures or the death of my pet. I agree not to hold Dog Day Afternoon, LLC responsible for reactions to grooming.

FLEA/TICK TREATMENTS (DIP/"SPOT ON" TREATMENT/FLEA SHAMPOO/CAPSTAR)

I have requested that my pet be treated for fleas, ticks or other parasites. I have been advised that my pet may be sensitive to an ingredient in the flea/tick treatments. Although Dog Day Afternoon, LLC will use reasonable care and precautions in the flea/tick treatment procedures, I agree not to hold Dog Day Afternoon, LLC responsible to the flea/tick treatment process. I understand that there is an extra charge for any flea treatments provided.

SEDATION

I have requested that my pet be sedated for grooming for the safety of the pet and the groomer at an additional charge.

Customer Name _____ Phone # _____

Pet's Name _____ Breed _____ Age _____ Weight _____

Male Female Spayed/Neutered

Any other conditions that we need to know about your pet (fear biter, aggressive, does not like paws touched, etc)

Veterinarian Clinic _____ Vet Phone _____

Vaccination Records Verified by _____ Vaccination Exp. Date _____

In the event of an emergency, I authorize Dog Day Afternoon, LLC to seek medical attention for my pet. I have read and understand the conditions on the reverse. I will not hold Dog Day Afternoon, LLC responsible for any pre-existing health problems my pet may have.

Owner Signature

Date

Dog Day Afternoon, LLC Representative

Date