

The PAWber Shop

1350 E Chicago Street, Unit 18

Elgin, IL 60120

224. 535. 9594

NEW CLIENT FORM

Owners Last Name _____ Owners First Name _____

Address _____

City _____ Zip _____

Home # _____ Cell # _____

E-mail _____ Referred by _____

Pet's Name _____ Breed _____

Male or Female Spayed or Neutered

Color _____ Weight _____ Age _____

Animal Hospital _____

Please Check All That Apply:

Allergies Sensitive Skin Diabetic Respiratory Disease Seizures

Arthritis Arthritis Heart Disease Epileptic Deaf Blind

Pregnant or nursing Under Sedation

Aggressive towards pets' Aggressive towards people

Other Medical Issues: _____

Special Instructions: _____

Procedures and Policy Agreement

Any reference below to the word "I" also implies all others associated with me and my pet including but not limited to my spouse, heirs, assistants, and family members. Any reference to The PAWber Shop implies agencies, officers, owners, employees, subcontractors, customers, and prospective customers.

I have disclosed to The PAWber Shop all known risks, dangers, and medical conditions associated with my pet(s).

I understand that The Pawber Shop may refuse service to my pet(s) for any reason necessary including but not limited to overly aggressive behavior, overly excessive barking, and illness. I agree that there are adherent risks in bringing my pet(s) to a grooming salon, and I accept these risks because they are outweighed by the benefits. The PAWber Shop will not be liable for any illness or injury that may occur to my pet(s).

I agree that if I get injured by another customers pet or am injured inside or out of the grooming salon I will not hold The PAWber Shop liable for any injuries or damages that may occur. I authorize The PAWber Shop to take actions deem necessary to ensure health, well-being, and safety for my pet(s), and to take reasonable action to resolve any medical problems that may arise while my pet(s) are in the care of the The PAWber Shop.

I agree to take full financial responsibility for any and all expenses incurred as a result of their actions.

I understand that The PAWber Shop is expected to make reasonable attempt to contact incurring such expenses, that in the event I cannot be reached that they may incur such expenses if they can't reach me, and in the event that an emergency situation could arise where it would not be feasible for them to contact me before the expense incurred.

I understand that as a norm in the grooming industry, under no circumstances will The PAWber Shop be liable for damages beyond replacement value of my pet(s).

I waive all claims or actions against The PAWber Shop relating to the care, health, and safety of my pet(s) in their care.

I certify:

- That my pet(s) is currently and properly licensed.
- That to my knowledge my pet(s) has not been exposed to kennel cough, distemper, rabies, or parvo.
- My pet(s) have been vaccinated with the proper immunizations by the state of Illinois.

This form constitutes as a document signed for the duration of my pet(s) care at The PAWber Shop. I was given a procedures and policy agreement that includes the information that I am signing now.

Signature _____ Date _____

Printed Name _____