



Client Profile and Pet Release Form

Pet Parent (last, first) _____

Phone number: _____

Email Address: _____

PETS NAME/BREED: _____

Special info (allergies, medical conditions, etc) _____

_____ *** EMERGENCY *** In the event of an emergency, I authorize All Star Pet Grooming (ASPG) to seek medical attention for my pet. I will not hold ASPG responsible for and pre-existing health conditions my dog may have.

INITIALS _____

_____ **MATTED** I am aware that my pet is matted and I authorize ASPG to remove the mats by shaving or brushing to the best of the groomers ability. Although ASPG will use all precautions during this process, I have been informed and understand possible reactions such as irritation, or nicks on the skin and agree to not hold ASPG responsible for minor injuries due to the dematting process.

INITIALS _____

_____ **SENIOR PET/ SPECIAL CONDITIONS PET** I am aware that my pet is a senior pet or special conditions pet and may become stressed during the grooming process. Although ASPG will take exceptional care in the grooming of my pet(s) I acknowledge that the stress of grooming may initiate stress related problems in my pet. I agree to not hold ASPG responsible for reactions to grooming.

INITIALS _____

_____ **FLEA/TICK TREATMENTS** I have requested that my pet be treated for fleas/ticks. I understand that every pet is different and may be sensitive to the flea/tick treatment products used and I agree to not hold ASPG responsible for any possible reactions. This service does NOT guarantee fleas or ticks will remain off of your pet. ASPG recommends treating any infestation thoroughly and apply preventative solutions for your home, pets and yard.

INITIALS _____