

URBAN DOGS



BOUTIQUE AND PARLOUR

CLIENT RECORD CARD

OWNER..... DOG NAME.....

ADDRESS..... MALE/FEMALE.....

..... DOG DOB.....

..... POSTCODE..... BREED.....

EMAIL..... TEL/MOB.....

VACCINATED?..... MICROCHIPPED?.....

MICROCHIP NUMBER.....

HEALTH NOTES MEDICATION.....

..... VET..... VET ADDRESS.....

EMERGENCY CONTACT.....

TEL/MOB..... POSTCODE.....

OTHER DETAILS TO HELP US LOOK AFTER YOUR PET:

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HOW DID YOU HEAR ABOUT US?.....

I CONFIRM THAT MY PET IS FIT, HEALTHY AND FULLY VACCINATED..I AGREE THAT THE GROOMER WILL NOT BE HELD LIABLE OR RESPONSIBLE FOR IRRITATION ABRASION, PATCHINESS OR HAIR LOSS DUE TO ANY PRE-EXISTING SKIN CONDITIONS OR AS A RESULT OF THE PROCESS OF GROOMING, DE-MATting THINNING, STRIPPING, SHAVING OR ANY OTHER MISHAP CAUSED BY MY NON DISCLOSURE OF MY PET'S MEDICAL CONDITION OR BEHAVIOUR. IF MY PET ATTEMPTS TO BITE GROOMING STAFF, A MUZZLE MAY BE USED OR AT THE DIRECTION OF THE GROOMER AND TREATMENT MAY STOP AND I WILL PAY FOR ALL WORK DONE TO THAT POINT. IF I FAIL TO COLLECT MY PET AT THE AGREED TIME I WILL PAY ALL EXTRA COSTS DUE. IF MY PET HARBOURS ANY PARASITES CLEAR THEM AT MY EXPENSE. IF MY PET'S HEALTH CAUSES CONCERN OBTAIN VETERINARY TREATMENT AT MY EXPENSE. I UNDERSTAND AND CONSENT TO ALL THE CONDITIONS ABOVE.

SIGNATURE..... DATE.....