

# 2023 Paw Tales Grooming and Boarding Release Form

## Owner Information:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Number: \_\_\_\_\_

Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*If you wish to receive text reminders of future appointments, please provide your cell phone carrier: \_\_\_\_\_

## Dog Information:

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: Male / Female Altered: Y / N \*If adding daycare service, dogs must be spayed / neutered.

Veterinarian: \_\_\_\_\_

## **Policies : Please Initial**

\_\_\_\_\_ I hereby certify that the pet(s) above has / have been vaccinated fully for Distemper - Parvo, Bordetella, and Rabies in accordance with his or her veterinarian's recommendation, as well as N.C. State laws. I am fully aware that my dog can come into contact with said diseases, as the vaccines do not 100% prevent sickness, but can help prevent serious symptoms. Paw Tales strives to have one of the most sanitary facilities in N.C. and takes all precautions necessary to prevent diseases. I do not hold Paw Tales accountable if my pet happens to become sick.

\_\_\_\_\_ I understand that my pet(s) will be checked for fleas upon arrival. If fleas are found, Paw Tales will notify you, the owner, and pet(s) will receive an immediate flea treatment bath at an additional cost to you, the owner.

\_\_\_\_\_ I hereby grant permission for Paw Tales to act on my behalf if I am unable to be reached, and in my pets best interest by obtaining care from a veterinarian if deemed necessary at my, the owners, expense.

\_\_\_\_\_ I understand that if my dog comes in for grooming / bathing and is matted, Paw Tales will not be responsible for any razor burn or nicks due to neglected matted coats. Clients will be notified of any matting found.

\_\_\_\_\_ I am aware and understand that by nature dogs can be unpredictable. I understand that when dogs play, they are playing with their teeth and their nails. I do not hold Paw Tales responsible for any puncture wounds, scratches, or injuries that occur to my dog. I understand that bringing my dog(s) to an animal facility puts them in a situation that may be physically risky even when handled with the utmost care. If an injury occurs, owners are notified immediately and documentation of the incident will be put on file.

\_\_\_\_\_ I, the owner, agree to pay all charges at time of pick up, and I understand that my pet is not allowed to leave the premises without the bill being paid in full.

I have read and understand this agreement and I will honor and abide by the terms and conditions set forth.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_