

CRITTER CLEANER CLIENT CONTACT INFORMATION

DATE

OWNER NAME

PET NAME

BREED

AGE

ADDRESS

CITY

ZIP

(____) ____ - ____
PHONE

(____) ____ - ____
CELL

(____) ____ - ____
WORK

VET CLINIC

PHONE

Vaccines Current? Y N

ITEMS OF CONCERN

MEDICAL _____

PHYSICAL _____

BEHAVIORAL _____

All Pets are inspected upon arrival and when they are picked up We will not be held accountable for injuries which your pet experiences prior to or after its visit with us, We can not accept responsibility for any sickness or allergic reaction you pet may experience while in our care. Please make us aware of any allergic conditions or medical issues prior to leaving you pet with us.

Injuries are not common but they do happen. We accept responsibility for any injuries your pet may experience while in our care. However if your pet is aggressive or vicious and you fail to make it clear to the owner of this establishment we reserve the right to protect and defend ourselves with reasonable restraint and necessary force as required. **All vaccines must be current prior to leaving your pet with us. We reserve the right to refuse to groom your pet should their vaccinations not be up to date.**

OWNER SIGNATURE: _____