



DEER CREEK ANIMAL HOSPITAL
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Grooming Release Form for _____

Age: _____ Breed: _____ Color: _____ Sex: _____

In exchange for grooming services offered by Deer Creek Animal Hospital, I agree to/acknowledge the following:

1. I have provided proof that <animal> is fully vaccinated. *(In order to be groomed, all clients must provide proof that their animals are fully vaccinated, for the safety and well-being of all the animals. If the vaccinations were performed by Deer Creek Animal Hospital, then record of vaccinations will already be on file. Otherwise copies of vaccinations must be provided.)*
2. The following instructions for grooming my animal today have been discussed with me to my satisfaction:

3. **Per the original estimate, Deer Creek Animal Hospital's groomers will perform standard grooming services on <animal> at the estimated price of \$_____.** *(Non-standard conditions arising during the performance of services, such as coat condition, styling requirements, and cooperation of your animal, may add to the final price.)*
4. I understand removing a heavily matted coat includes risk of nicks, cuts, abrasions, bruising, and/or lesions due to skin conditions such as growths, moles or skin folds trapped in the mats. After-effects of mat removal procedures can include itchiness, skin redness, self-inflicted irritations or abrasions and failure of the hair to re-grow. I understand Deer Creek Animal Hospital is not responsible in the event of adverse reactions of mat removal.
5. In the event that a non-standard grooming or medical condition is found, Deer Creek will attempt to contact the client, and keep them apprised of the situation. Deer Creek Animal Hospital, if unable to reach the client, will leave a voicemail message. *This is why it is absolutely important clients leave us with any and all possible phone numbers.*
6. I agree to all liabilities with regard to my animal(s), including the cost of medical treatment/services rendered by the staff for necessary medical health.

By signing below, I acknowledge that I have read and understand this waiver and release form, and agree to all terms therein. I agree to pay the final grooming price upon completion of the service. I also understand I may be required to pay for any additional medical fees related to my animal while being groomed. I have had all of my questions and concerns addressed prior to the start of the grooming session.

Client Name _____

Patient Name _____

Signature _____ Date _____

Cell Phone: () _____ Date of Grooming _____