

Registration Form

Welcome to Deluxe Dog Grooming Ltd. We just need a little more information about you and your pooch.

OG GROOMIT			Date		
PERSONAL	INFORMATION	Full Name			
Address					
Email					
Home No			Mobile No		
Emergency Contact Name			Emergency Contact No		
Person(s) authorised to collect dog					
DOG DETAII	LS	Name			
Breed			Colour(s):		
Birth Year			Gender		Male /Female
Registered Vet					
ls your dog Spaye Has your dog bee	ed/Neutered? en groomed before?	Yes / No Yes / No	Is your dog pregna	nt?	Yes / No
-	viour us or nervous with new y circling below any hea		_		Yes / No
Allergies	Sensitive Skin	Stiffness/Pain	Deaf	Blind	Moles/Warts
Epileptic	Aggressive towards other dogs/animals	Aggressive towards people	Biter	Lameness	Kennel Cough
Other (please sp	ecify and circle on dog a	anatomy image to ind	licate area if needed)	
			Left Side	Right Side	
MARKETING					
How did you hea	r about us?				
Occasionally	acet photos of same of	the desclosion bes	utiful after their are	om Dowe have	

Occasionally we post photos of some of the dogs looking beautiful after their groom. Do we have permission to post a picture of your dog on our website/social media?

Tel: 07555 628504

Yes / No



Consent & Release Declaration

In the interests of keeping your dog safe, please read the consent form carefully and sign your name and date at the bottom. Your dog's physical health and emotional well-being is of utmost importance to us. Thank you.

Deluxe Dog Grooming agrees to exercise all due diligence and responsible care to prevent injury, illness, death and damage to and from the dog whilst at its premises. Every effort will be made to make your dog's visit as pleasant as possible. However, grooming can occasionally expose a hidden medical problem or aggravate a current condition. This can occur during or after grooming.

Senior dogs, puppies and those with very matted hair or those that are difficult to groom are at a greater risk of injury or stress.

DECLARATION

I certify that I am the owner/agent of the dog detailed on this form and am over 18 years old.

I declare that I have notified Deluxe Dog Grooming of any pre-existing medical conditions the dog may have prior to receiving grooming services and that the dog is up-to-date on flea, tick and worming treatments and all necessary vaccinations. I hereby authorise Deluxe Dog Grooming to act on my behalf and in the dog's best interest by obtaining veterinary care at my expense, if deemed necessary by Deluxe Dog Grooming, for all illness, injury or death whilst at their premises.

I agree that in the event of any illness, injury, death suffered by the dog, Deluxe Dog Grooming, its owners, staff or volunteers shall not be held liable.

I declare that I have notified Deluxe Dog Grooming of any aggressive or other behavioural issues that the dog suffers from and agree to pay all costs relating to any injury or damage to any person, property, object or animal caused by the dog whilst at their premises.

I agree to pay for all services carried out by Deluxe Dog Grooming including any charges relating to injury or damage to a person, property, object or animal caused by the dog whilst at their premises on the day of pickup. Where the full costs relating to injury or damage caused by the dog are not known on the day of pickup, I agree to pay a deposit as deemed appropriate by Deluxe Dog Grooming on the day of pickup and agree to pay any further balance payment within 7 days of receipt of invoice.

I understand my dog may not leave the premises until all charges notified on the day of pickup are paid for in full.

Cancellation Policy:

I understand that if I need to change my appointment time or cancel my appointment that I must give at least 24 hours notice and that failure to do this, will require the payment of a cancellation fee. If two appointments are missed without giving 24 hours notice, I understand that I may be required to pre-pay prior to scheduling any future appointments.

Signature		Date
J		
Print Name		
I IIII Name	·	



Client History Details

Date	Treatment	Paid	Notes



Client History Details

Treatment	Paid	Notes
	Treatment	Treatment Paid Paid