

## Grooming Information

### Parent Information

FIRST NAME	LAST NAME		
ADDRESS		STATE	ZIP
PHONE	CELL PHONE		
EMAIL	ALTERNATIVE PHONE		

### Pet Medical Information

REGULAR VETERINARIAN (NAME & ADDRESS)	PHONE
EMERGENCY CONTACT	PHONE
RABIES AND DISTEMPER ARE REQUIRED FOR ALL DOGS. IS YOUR DOG(S) UP TO DATE ON THEIR VACCINES? PLEASE PROVIDE PROOF OF CURRENT RABIES AND DISTEMPER VACCINATION HISTORY.	<input type="radio"/> YES <input type="radio"/> NO
RABIES, DISTEMPER AND LEUKEMIA ARE REQUIRED FOR CATS. PLEASE PROVIDE PROOF OF CURRENT VACCINES.	<input type="radio"/> YES <input type="radio"/> NO
WE GIVE YOU PERMISSION TO AUTHORIZE EMERGENCY MEDICAL CARE FOR OUR PET(S) AS DEEMED NECESSARY BY A VETERINARIAN, AND YOU, THE CLIENT OF THE ANIMAL WILL BE RESPONSIBLE FOR FULL PAYMENT OF SUCH CARE.	<input type="radio"/> YES <input type="radio"/> NO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Pet Information

Please fill out one per pet.

### Pet #1 Information

NAME		BREED	
COLORS	AGE	DATE OF BIRTH	
CHECK ONE <input type="radio"/> DOG <input type="radio"/> CAT	CHECK ONE <input type="radio"/> MALE <input type="radio"/> FEMALE	CHECK ONE <input type="radio"/> NEUTERED <input type="radio"/> SPAYED	
PLEASE NOTE HEALTH CONCERNS AND MEDICATIONS WE SHOULD KNOW ABOUT BEFORE GROOMING.			

### Pet #2 Information

NAME		BREED	
COLORS	AGE	DATE OF BIRTH	
CHECK ONE <input type="radio"/> DOG <input type="radio"/> CAT	CHECK ONE <input type="radio"/> MALE <input type="radio"/> FEMALE	CHECK ONE <input type="radio"/> NEUTERED <input type="radio"/> SPAYED	
PLEASE NOTE HEALTH CONCERNS AND MEDICATIONS WE SHOULD KNOW ABOUT BEFORE GROOMING.			

### Pet #3 Information

NAME		BREED	
COLORS	AGE	DATE OF BIRTH	
CHECK ONE <input type="radio"/> DOG <input type="radio"/> CAT	CHECK ONE <input type="radio"/> MALE <input type="radio"/> FEMALE	CHECK ONE <input type="radio"/> NEUTERED <input type="radio"/> SPAYED	
PLEASE NOTE HEALTH CONCERNS AND MEDICATIONS WE SHOULD KNOW ABOUT BEFORE GROOMING.			

## Grooming Information

### **PAYMENT INFO**

Payment is due when services are rendered. Pixie Willow has been mandated by the Governor to have contactless payment. We do credit cards through Square and you will have to read the numbers of your credit card off to us. Or you may put cash or check in a plastic bag and pay that way. If a check is returned for NSF you will incur a fee of \$50 plus any bank fees they may charge. No further service will be given until the fees are paid.

### **CANCELLATION POLICY/NO SHOW**

On rare occasions Pixie Willows may need to cancel your appointment due equipment failure, weather, illness etc. Every effort will be made to contact the Client in advance to reschedule. If a Client cannot keep an appointment we ask that you contact us AT LEAST 24 HOURS in advance. Failure to keep an appointment or not be home when appointment is scheduled will result in a \$50.00 trip fee.

### **APPOINTMENT TIMES**

An appointment time is truly an "estimated time of arrival". WE at Pixie Willows pride ourselves on being on time. Sometimes things like refueling, traffic, time going over from previous appointment can happen. If we feel we are going to be more than 15 minutes late we will phone with an ETA.

### **MATTED OR NEGLECTED COATS**

Excessive de-matting is painful, time consuming and a costly procedure. It can cause extreme discomfort and can aggravate, or cause skin problems including clipper/brush irritation after being groomed. If a client's pet does not remain still accidents can happen such as nicks, cuts etc. from clippers or scissors. Shaving a pet closely is sometimes recommended when deep matting is found and this can dramatically change your pet's appearance. This is called a start over or shave down. When shaved down your pet can also run the risk of sunburn. Client is responsible for the condition of the pet's coat condition and will not hold Pixie Willows responsible in the event of adverse of matt removal.

### **SAFETY AND BEHAVIOR**

Client must inform us prior to grooming of any aggressive tendencies your pet may exhibit such as biting or showing teeth in an aggressive manner. If your pet should bite or scratch a Pixie Willow employee and they need medical attention the Client will be responsible for the medical bills incurred by their pet's actions. Pixie Willows will go above and beyond to keep your pet safe and the employees of Pixie Willows safe from harm. However, we reserve the right to refuse service to any pet that is overly aggressive.

## Grooming Information (cont.)

### **FLEAS/TICKS**

Fleas and tick infestations will not be tolerated. If fleas are found on your pet it will immediately be given a flea and tick shampoo and blow dry quickly and given back to you. A \$50 fee will be added to your bill for flea treatment for the trailer.

### **PRE-EXISTING CONDITIONS**

Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming and may require immediate medical attention. In the best interest of your pet, Client designates Pixie Willows, as agent and understands that if Pixie Willows is unable to contact the Client first, then Pixie Willows, in its sole discretion, may engage the services of a veterinarian at the Client's expense.

### **PICTURES**

Client consents that Pixie Willows may take pictures of your pet, before and after grooming and utilize the same for their website, social media etc, for any and all advertising purposes at Pixie Willows discretion.

## Consent Agreement

Client affirms they are the legal owner, or care giver to the pet for which the services are rendered.

- i. I, the undersigned, understand and agree to the above terms for the and maintenance of my pet(s). In consideration of the grooming services, I agree to hold Pixie Willows harmless from any and all damage, loss, or claims to the pet, personal or real property. I acknowledge that the interpretation of this provision is to be read in the broadest since possible sense possible and encompasses any real or proceeded negligence and all acts performed reasonable within the scope of service by Pixie Willows, its agents, its employees or representatives. The terms, special services or handling shall include but are not limited to emergency veterinarian services in the event I am not available.
- ii. I authorize Pixie Willows and/or agent thereof to act as my agent in the event emergency veterinarian services, boarding, caretaking, and/or transportation is necessary if I am unavailable. It is understood any fees/bills from said visit are the client's responsibility. Any/all damages, loss and claim shall include, but not limited to death, injury, or shock. Said pre-existing conditions shall include, but not limited to advanced age, extreme nervousness, neurosis, illness, previous injury, skin and coat conditions, or medical conditions.
- iii. I, the undersigned, have read, understand and agree to the above terms and my rights and obligations for grooming and maintenance as stated in the for the services of pet grooming through Pixie Willows.

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**NAME (PRINT)**

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**DATE**

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**SIGNATURE**

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**DATE**

## COVID-19 Disclosure

### COVID-19 Instructions

HAVE YOU HAD COVID 19?	<input type="radio"/> YES	<input type="radio"/> NO
HAVE YOU BEEN IN CONTACT WITH ANYONE WITH COVID 19 IN THE PAST TWO WEEKS?	<input type="radio"/> YES	<input type="radio"/> NO
IF YOU ARE NOT FROM MAINE THE GOVERNOR MANDATES THAT YOU QUARANTINE FOR 2 WEEKS BEFORE DEALING WITH THE PUBLIC. HAVE YOU QUARANTINED?	<input type="radio"/> YES	<input type="radio"/> NO
BY GOVERNMENT MANDATE YOU ARE REQUIRED TO WEAR A MASK WHEN HANDING YOUR PET OFF TO THE GROOMER. I AM A HIGH RISK SO I DO NOT TAKE THE MASK REQUIREMENT LIGHTLY. DO YOU HAVE A MASK?	<input type="radio"/> YES	<input type="radio"/> NO