



**\*\*NEW CLIENT SPECIAL\*\***  
Present this grooming release form at the time of your first grooming appointment and receive \$5 off your first full grooming service.  
(New clients only, one coupon per household, cannot be combined with any other offers)

North Paws Grooming Salon - 9481 Garland Lane North, Maple Grove, MN 55311

Phone: 763-416-2029  
Fax: 763-416-4490  
[www.northpawsvet.com](http://www.northpawsvet.com)

**GROOMING RELEASE FORM**

**Owner information**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ email: \_\_\_\_\_  
Home phone (incl. area code): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_ Name of current vet clinic: \_\_\_\_\_  
Preferred method of contact:  home phone  cellphone  email  postal mail  
Do you have a preference:  bows  bandanas  cologne  none  
Other preference(s): \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_

**Pet(s) Information**

<p>Pet Name: _____ Age: _____ Breed: _____ Sex: _____ Color: _____ Spayed/neutered: _____ Skin/Health Issues?: _____ Weight: _____ _____ _____ Date of last Rabies vaccine: _____ Get along well with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Pet Name: _____ Age: _____ Breed: _____ Sex: _____ Color: _____ Spayed/neutered: _____ Skin/Health Issues?: _____ Weight: _____ _____ _____ Date of last Rabies vaccine: _____ Get along well with other dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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>>>>>Please continue on back side for release information >>>>>

RELEASE INFORMATION  
**PLEASE READ & INITIAL EACH SECTION**

\_\_\_\_\_ **Flea Policy:** If your pet, at any time, is found to have fleas present **there will be an additional grooming treatment and charge of \$13. Also, your pet will be given a single dose of flea prevention at cost to you.** Bravecto will be given to dogs, which is a chewable tablet that prevents against fleas and ticks for 12 weeks at \$46 a dose. Revolution will be given to cats, which is a topical flea/heartworm prevention that lasts 30 days at \$25 a dose. By initialling, you authorize these treatments and charges if they are ever required.

\_\_\_\_\_ **Matted Dog Policy:** Dogs with matted coats will require extra attention. If the matting is minimal and the dog responds well we may demat for an extra fee. However, if the matting is severe the least painful and stressful way to remove the mats is by shaving the dog. There is a greater risk of nicking or scratching a matted dog during the grooming process. In addition, the skin may appear red, itchy and irritated due to the lack of oxygen reaching in and under the mats. North Paws Grooming Salon will not be held responsible for any injury sustained while grooming a matted dog, including any after effects. This includes, but is not limited to swelling, redness, itchiness and self-inflicted abrasions due to external rubbing.

\_\_\_\_\_ **Accidents:** Every effort will be taken to make sure your pet gets groomed as safely and carefully as possible. But, unfortunately, accidents DO happen. Dogs are licking, scratching, jumping, and overall wiggly creatures. Whereas dog grooming tools, by necessity, are sharp instruments. If there is a severe mishap we will contact you immediately but will take the necessary measures to get your pet the medical attention he/she requires. North Paws Grooming Salon will not be responsible for any costs related to this.

\_\_\_\_\_ **Customer Complaints:** If you are unhappy with anything related to your dog's grooming experience you must notify us within seven (7) days. We will do what we can to remedy the situation. However, if it turns out that there was some miscommunication we will take note so that we can make you even happier next time!

By completing and signing this release form, I hereby release North Paws Grooming Salon and all associated parties from any and all liabilities for injuries to myself, my dog, or any other property of mine which may arise from any services or products provided by North Paws Grooming Salon.

**Client/Individual Name (printed)**

**Signature:**

**Date:**

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