

All Pets Vet Hospital
1011 Route 202 North
Branchburg, NJ 08876
908-707-1555

Grooming Contract

Client Name: _____ Pet's Name: _____

Species: _____ Breed: _____ Phone # _____

Age: _____ Sex: _____

For the safety of your pet would you like an exam with the doctor prior to grooming? _____yes _____no

Does your pet have any current or past health problems? _____

Description of clip desired:

I _____ have given the groomer a description of the clip I would like to see on my pet. I have done so knowing the groomer will do this to the best of her ability. It is also to my knowledge that if my pet has extensive matting*, this clip description will be void, the groomer will contact me and to the best of her abilities remove the matting in any way possible according to the depth and extent of the mats. I will be contacted in the event that this happens, by phone, and it will be understood that removing the mat is the most humane thing to do. If in the event that I am not satisfied with my pet's clip under normal circumstances**, I will contact the hospital by the following day, state the problem and make a "correction appointment".

By signing this contract I have understood all above statements.

Owners signature: _____ Date: _____

* Extensive matting, are mats that are attached to the skin. This is very painful to the animal, and the best way to remove the mats is to clip them out.

** Normal circumstances are pets who come in without extensive matting.