

ROVER

www.roverkennels.com
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t. 310.838.5599 f. 310.838.5508

GROOMING AGREEMENT:

Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ WorkPhone: _____
CellPhone: _____ Email: _____
Pet: _____ Breed: _____ Weight: _____
Color: _____ Birthdate: _____

Check all that apply:

1. _____ Male _____ Female _____ Spayed or Neutered
2. _____ Male _____ Female _____ Spayed or Neutered

Has your pet ever bitten a person? _____ yes _____ no

If yes, please explain: _____

***EMERGENCY CONTACT INFO. PLEASE LIST AN EMERGENCY CONTACT PERSON & PHONE NUMBER:** _____

Medical Emergency Information:

Veterinarian's Name/ Clinic: _____ Ph: _____

Address: _____ City: _____

Please describe any medical or physical problems which might effect grooming:

Please list any sensitive areas where your pet doesn't like to be touched:

Please list any specific grooming instruction here:

Emergency Medical Care: If, in our judgment your pet requires medical care and we are unable to reach you, please indicate below whether you want us to take your pet to a veterinarian or animal hospital.

_____ Yes By checking 'yes', you agree to be solely responsible for the payment of all medical bills for your pet and you release Rover, LLC, it's officers, directors, agents, and employees ('Rover') of and from any and all responsibility for, or claims, damages, debts, arising out of or related to such medical care, including, but not limited to, transportation to/from the veterinarian clinic and choice of veterinarian and animal hospital.

Pick up of your pet- Rover will release your pet to the following person(s):

_____ By checking here, you may verbally (by telephone) or in writing (fax or otherwise) request that ROVER release your pet to someone other than the person(s) listed above, and you release Rover of or from any and all responsibility for releasing your pet to any person ROVER reasonably believes to be authorized by yourself.

ROVER GROOMING POLICIES:

*****Please Read*****

*****and initial Each Section*****

Rover accepts pets for grooming only under the following conditions:

_____ 1.The animal is fit and healthy. Any grooming which takes place on an elderly animal or animal with health problems will be at the owner's risk. Grooming may expose pre-existing health/skin problems for which the company cannot be held liable.

_____ 2.The animal is vaccinated up to date. Any unvaccinated animal puts itself and others at risk.

_____ 3.Rover DOES NOT groom pet for show and any grooming on a show pet will be at the owner's risk.

_____ 4.Dematting/ thinning out of matted hair may cause patchiness and hair loss. Consent to remove the matted hair is on this understanding.

_____ 5.Payment will be made as per price list/quote and owners must collect pets once notified by phone. Uncollected pets will be charges a daycare and/or boarding fee.

_____ 6.Shaving/ stripping of pets will dramatically change the pet's appearance and the hair will be very close to the skin. This may expose pre-existing skin complaints. Your written permission will be required to perform this service.

_____ Please note that Rover reserves the right, due to health and safety, not to groom any pet which presents a risk of injury to groomers, other animals, or staff.

_____ Rover DOES NOT accept sedated pets under any circumstances.

By submitting this form, you indicate the agreement with all the terms listed hereof.

We require that you keep a major credit card on file at ROVER for billing purposes and in case of emergency medical expenses.

Signature:

Date: _____

**PLEASE CIRCLE:
(VISA, MASTERCARD, or AMEX)**

Credit card number: _____

Exp _____ Auth Code: _____

How did you hear about ROVER?
