

Senior Release Form



Pets Name

Date

Because I care about your pet's safety and wellbeing, I want to assure you that every effort will be made to make your senior pet's visit as pleasant and as comfortable as possible.

In the best interest of your pet, I request your permission to obtain immediate veterinary treatment should it become necessary.

I hereby grant permission to this grooming establishment to

obtain emergency veterinary treatment for my pet at my expense. Also, realizing that aged pets have greater chance of injury during grooming. I will not hold Groomin&Groovin responsible for accident or injury to my pet.

Occasionally, grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming- so each groom will be tailored upon what your senior pet can handle and what their medical history can handle.

Owner Name: _____

Signature: _____