

sMARTs Professional Dog Grooming RECORD CARD

Owner's Name:	Pet's Name
Address:	Gender: Dog or Bitch
	DOB:
	Breed:
Mobile No:	Colour:
Email:	Neutered: Y <input type="checkbox"/> N <input type="checkbox"/>
Emergency Contact:	Vaccine cover:
VET's Name:	Microchipped No:
VET's tel no:	
Health Notes & Medication:	
BEHAVIOUR: Shy <input type="checkbox"/> Good <input type="checkbox"/> Noisy <input type="checkbox"/> Fights <input type="checkbox"/> Soils/wets <input type="checkbox"/> Escapes <input type="checkbox"/> Highly strung <input type="checkbox"/> Bites <input type="checkbox"/> Others <input type="checkbox"/>	
<p>I confirm that my pet is fit, healthy & fully vaccinated. I agree that the groomer will not be held liable or responsible for irritation abrasion, patchiness or hair loss due to any pre-existing skin condition, or as a result of the process of grooming, de-matting, thinning, stripping, shaving or any other mishap caused by my non-disclosure of my pet's medical condition or behaviour. If my pet attempts to bite grooming staff, a muzzle may be used or at the discretion of the groomer and treatment may stop & I will pay for all work done to that point. If I fail to collect my pet at the agreed time I will pay all extra costs due. If my pet harbours any parasites clear them at my expense. If my pet's health causes concern, obtain veterinary treatment at my expense. I understand & consent to all the conditions above.</p>	
CONSENTING OWNER'S SIGNATURE..... Date.....	

