



Windermere Animal Hospital
Dr Reddy, DVM
4415 Front Nine Drive, Suite 900
Cumming, GA 30041
P: 770/887-0676
F: 770/887-0675

Client Grooming Agreement

Date: ___/___/___

Owner's Name: _____ Phone Number: _____

Pet's Name: _____ Breed: _____

Would you like us to call you when your pet is ready? () Yes () No

If no, what time would you like to pick up your pet?: _____

Services- *please select*

- () Bath & Haircut
- () Bath alone
- () Special Shampoo
- () Anal Glands

Current Vaccinations/Veterinarian Information: By signing this contract, owners verify their pets are current on Rabies, Distemper and Parvo-Virus. Proof of Vaccination shall be provided to Windermere Animal Hospital upon request. .

Aggressive or Dangerous Pets: Owners MUST inform Windermere Animal Hospital if your pet(s) bite(s), has bitten, or is aggressive to people, other pets or specific grooming procedures. Muzzles may be used if necessary. Muzzling will not harm your pet, and protects both the pet and the groomer. Windermere Animal Hospital reserves the right to refuse/stop services for such pet(s) at any time before or during the grooming process, and charge an Aggressive Dog Fee in addition to the regular grooming charge.

Hold Harmless Agreement: By signing this contract your (or your Agent) agree to hold Windermere Animal Hospital, it's owners, operators, employees, officers and directors harmless from any damage, loss, or claim arising from any condition of the undersigned pet, either known or unknown to Windermere Animal Hospital. It is also further understood and agreed the terms of this agreement can change at any time, without notice, and will overwrite any and all prior signed contracts or releases. It is further understood this clause applies to any and all pets groomed.

I have read and agree to the policies of Windermere Animal Hospital

Signature: _____