

70457 LA 21 #114 Covington, LA 70433 (985) 400-5373 www.saylorspetdepot.com

GROOMING CONSENT FORM

| Client Name: | | P | Phone: | | | | |
|--|--|------------------------------------|--------------------------------------|--------------------|----------------------------|-----------------------------|------|
| Address: | | | | | | | |
| Pet Name: I | Breed: | | | Sex: | Age | e: | |
| Veterinarian: | | P | hone: | | | | |
| Special Needs/Health Issues: | | | | | | | |
| Allergies: | | | | | | | |
| Emergency Contact: | | P | Phone: | | | | |
| How did you hear about our grooming se | rvice? | | | | | | |
| Ok to post photos of your pet on our Face | ebook page? | Y N | Ok to g | give your p | pet treats? | Y | N |
| For the safety of all pets visiting Saylor's your pet has received vaccinations elsew request that your veterinarian fax a copy | where, please b | oring a | copy of t | | | | |
| Check-in begins at 8:30 A.M. The groom prepared to leave your pet with us. We will up times but this is not always possible dibe contacted by phone as soon as your per pet will be walked and provided with war | ill make every on the unprecent is ready, which | effort to dictable th is typ | accomm e nature of pically sor | odate earli | ier and spec with pets. | cific _] You w | vill |
| If your pet is matted, it may be impossible determine that shaving your pet is in his/less Shaving mats presents a wide array of che handle your pet with the utmost care to enter the state of the stat | her best interest allenges and ex | t, we wa | ill contact he groomi | you immeng session | ediately for | cons | |
| Owner Printed Name: | | | I | Oate: | | | |
| Owner Signature: | | | | | | | |

Thank you for choosing Saylor's PET DEPOT for your pet's grooming needs!