

# TWISTED WHISKERS

## Owners Agreement

\_\_\_\_\_ hereby certifies that my pet(s):

\_\_\_\_\_ is (are) in good health and have not been ill with any communicable condition in the last 30 days. I further certify that my pet(s) have not been harmed or shown aggressive or threatening behavior towards any person or any other animal.

### **I have read and understand the following:**

- 1.** I understand that I am solely responsible for any harm caused by my pet(s) while my pet(s) is attending Twisted Whiskers Pet Spa for any service available.
- 2.** I further understand and agree that in admitting my pet(s) to Twisted Whiskers Pet Spa that all the staff at Twisted Whiskers Pet Spa have relied on my representation that my pet(s) is/are in good health and have not harmed or shown aggressive or threatening behavior toward any person or animal. I have also supplied the telephone number of my vet who can verify that my animal's vaccinations are current.
- 3.** I further understand and agree that Twisted Whiskers Pet Spa and their staff and volunteers will not be liable for any problems or injuries which may develop, provided reasonable care and precautions are followed, and I hereby release them of any liability of any kind whatsoever arising from my pet(s) attendance and participation at Twisted Whiskers Pet Spa.
- 4.** I further understand and agree that any problems which develop with my pet(s) will be treated as deemed best by staff and volunteers of Twisted Whiskers Pet Spa, at their sole discretion, and that I assume full financial responsibility for any and all expenses involved. The staff and volunteers at Twisted Whiskers Pet Spa are required to make every effort to contact me via the telephone numbers I have provided prior to or during any emergency medical treatment.
- 5.** Twisted Whiskers Pet spa considers major matting and pelt removal to be a health risk to your pet. If your pet requires major matting and pelt removal from its coat there will be an additional charge. In addition, major matting and pelt removal is extremely risky for your pet. You should be aware that your pet may suffer from razor burn, nicks, minor and/or major cuts, hematoma (bruising) to the skin, and/or serious injury or death as a result of removing major mats and/or pelts in their coat. If your choose to proceed with the removal when your pet's coat is in this condition, you do so at your own risk and expense for any veterinarian care your pet requires after the grooming service.
- 6.** If your pet is openly aggressive or vicious, we will charge an aggressive animal fee that starts at \$25.00
- 7.** We close promptly each day and expect your pet to be picked up prior to our closing time. If you are up to 30 minutes past this time you will be charged \$25. If you are over 30 minutes late, you will be charged \$1. For each minute after 30 minutes.

I certify that I have read and understand the conditions and statements of this agreement. Because of the nature of the business at Twisted Whiskers Pet Spa all pets are left here at you own risk.

Pet Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TWISTED WHISKERS

## Owner and Pet Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ \*When providing an email address we will add you to our email newsletter list

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Alternate Parties Authorized to Drop off/Pick Up:

\_\_\_\_\_

\_\_\_\_ Please initial in the line provided if you wish to give us permission to take photos of your pet(s) and use your pet(s) picture on our social media sites and website.

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## Pet Information

**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** M or F

**Fixed:** Y or N **Age:** \_\_\_\_\_ **Color and Markings:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Rabies Expiry Date:** \_\_\_\_\_ **Bordatella:** \_\_\_\_\_

**Notes or Special Requests:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** M or F

**Fixed:** Y or N **Age:** \_\_\_\_\_ **Color and Markings:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Rabies Expiry Date:** \_\_\_\_\_ **Bordatella:** \_\_\_\_\_

**Notes or Special Requests:** \_\_\_\_\_

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**Notes or Special Requests:** \_\_\_\_\_

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**Fixed:** Y or N **Age:** \_\_\_\_\_ **Color and Markings:** \_\_\_\_\_  
**Weight:** \_\_\_\_\_ **Rabies Expiry Date:** \_\_\_\_\_ **Bordatella:** \_\_\_\_\_  
**Notes or Special Requests:** \_\_\_\_\_

## Veterinarian Information:

Practice Name: \_\_\_\_\_ Vet Name: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By Signing below you are indicating that the information provided above is to the best of your knowledge and you have the legal right to authorize the animal's grooming service and medical care.

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_