



PET CARE SERVICE AGREEMENT

(ONE PER PET)

PET NAME: _____ BREED: _____ AGE: _____ WEIGHT: _____

PARENT'S NAME: _____ CONTACT PHONE #: _____

ADDRESS: _____

EMAIL: _____ PREFERRED WAY TO CONTACT: TEXT ____ CALL ____ EITHER ____

HOW DID YOU HEAR ABOUT US: _____ CLIENT STATUS: NEW ____ ACTIVE ____

VACCINATION & HEALTH & MEDICAL INFO

UP-TO-DATE ON REQUIRED VACCINATIONS? YES ____ NO ____ (COPY REQUIRED) RABIES EXP. DATE: _____

SPAYED/NEUTERED? YES ____ NO ____ SKIN PROBLEMS? _____

ANY FOOD ALLERGIES? _____

FOOD USED? _____ DRY ____ WET ____ BOTH ____ OK TO GIVE TREATS? YES ____ NO ____

MEDICATION? YES ____ NO ____ REQUIRED FOR GROOMING? YES ____ NO ____ FLEA & TICK PREVENTION? YES ____ NO ____

PRONE TO ANY SEIZURES, ILLNESS, ETC? _____

PROVIDE INSTRUCTIONS? _____

EMERGENCY INFO

EMERGENCY CONTACT: _____ PHONE #: _____

VET NAME: _____ PHONE #: _____

OK TO TAKE PET TO VET IN EMERGENCY SITUATION? YES ____ NO ____

BEHAVIORAL INFO (PLEASE PROVIDE AS MANY DETAILS AS POSSIBLE)

BE AWARE OF (ANXIETY, BITTING, FEARS, AGGRESSION, PETS, ETC.) _____

GROOMING SERVICES — PICK-UP & DROP-OFF SERVICES AVAILABLE (ADDITIONAL FEES APPLY)

GROOMING REQUESTS: BATH ____ HAIRCUT ____ NAIL TRIM ____ EAR CLEANING ____ OTHER _____

GROOMING STYLE (i.e. LENGTH OF HAIR, CUT AROUND FACE, TAIL, ETC.): _____

MATTS? YES ____ NO ____ SANITARY SHAVE? (AROUND RUMP AREA) YES ____ NO ____ LAST GROOM DATE: _____

OTHER CARE SERVICES — MEET & GREET REQUIRED

SERVICES: DOG WALKING ____ PET SITTING ____ PREFERRED TIMES: MORNING ____ AFTERNOON ____ EVENING ____

VISITS PER DAY: _____ CARE DETAILS (i.e. FEEDING, MEDICATION, HOME ENTRY, ETC.): _____

SERVICES: DAY CARE ____ VACATION & TRAVEL CARE ____ START DATE: _____ END DATE: _____

CARE DETAILS (i.e. FEEDING, MEDICATION, HOME ENTRY, ETC.): _____

PET CARE RELEASE

Please review our release form thoroughly. You are entitled to a copy of your own; if you would like one, please advise and a copy will be provided.

Your pet is very important to us. Pawsitive Pathways (PawPaths) would like to assure you that every effort will be made to make your pet's experience as safe, relaxing and pleasant as possible. Safety comes first for everyone, people as well as the animals.

HEALTH OR MEDICAL PROBLEMS

Occasionally, pet services can expose a hidden medical problem or aggravate a current one. All medical expenses for veterinary care will be covered by the pet's owner upon signing this contract/agreement. Pet Owner's Initials _____

FLEAS/TICKS

We strive to be a flea free area. If fleas are discovered on your pet they will be given a flea bath at your expense of (\$10 - \$20 depending on size of pet). Ticks discovered will be removed and you will be notified if any are found. Pet Owner's Initials _____

ACCIDENTS

Although accidents are very rare, there is a risk when dealing with animals. Grooming equipment is sharp, and although we use extreme caution and care in all situations, possible problems could occur including cuts, nicks, scratches, clipping of nails, etc. In most cases this can happen when an animal is wiggling or moving around. Your pet's safety and comfort is our number one priority. In the event an accident does occur, you will be notified of the accident. If our staff feels it is serious, and the owner is not on-site or readily available, we will seek immediate veterinary care for your pet. Pet Owner's Initials _____

VETERINARIAN AUTHORIZATION-MEDICAL EMERGENCIES

This release gives Pawsitive Pathways full authorization to seek medical treatment in the case of any medical emergencies while in the care of Pawsitive Pathways. Pet Owner's Initials _____

CURRENT VACCINATIONS

New young pets being serviced must be up to date on all vaccinations. Adult/Senior dogs must be current on Rabies. Submit accurate and recent copies of vaccination records. Pet Owner's Initials _____

DANGEROUS OR AGGRESSIVE ANIMALS-REFUSAL OF SERVICES

Pawsitive Pathways has the right to refuse any services at any time. In the event that your pet is too stressed or becomes dangerous to care for, we have the right to refuse services, stop or cancel services, at any time before, during, or after. The pet owner will be charged a fee for what was done up until that point. Pet Owner's Initials _____

USE OF MUZZLES

Muzzling does not harm your pet and protects both the pet and the caretaker. In some cases, muzzling may even calm a stressed animal, allowing the process to continue, if your pet still acts in a way that is dangerous, Pawsitive Pathways has the right to stop services at anytime and a service fee will be collected. We do not muzzle unless your pet gives us a reason to. Other methods are used to calm your pet; muzzling is a last resort. Pet Owner's Initials _____

INTERRUPTIONS DURING GROOMING SERVICES

For the safety of the animals being groomed for, as well as our pet grooming team, it is asked that you do not interrupt the during grooming. Every effort will be made to ensure your pet is cared for as safely as possible, but an excited pet can be dangerous to continue to work on. After dropping your pet off, please do not stop back until you have received a phone call from us that your pet is ready. If you have any questions after, drop off, please call us. Pet Owner's Initials _____

MATTED COATS

Severely matted coats can cause skin damage, pain, and lead to parasite infestations. Pawsitive Pathways will not put your pet through undue stress by de-matting. In many cases, shaving is the safest option. This process may result in nicks, redness, or other skin issues due to trapped moisture, urine, or growths under the mats. Pets may also show brief behavioral changes afterward. Regular grooming every 4-5 weeks is the best way to prevent matting. By signing below, you agree to the shaving procedure and accept the risks involved. An additional fee applies due to the time and equipment wear required. We're happy to provide more information if needed. Pet Owner's Initials _____

CANCELLATIONS

Because we book based on availability, cancellations can leave an empty block in the schedule that could have otherwise been used by another customer, we ask that any cancellations are made at least 24 business hours in advance. Out of respect for other customers as well as our staff's time, after three no show no cancellations or three cancellations with less than 24 business hours notice, a full price deposit will be required with each appointment thereafter. Pet Owner's Initials _____

PAYMENT

Payment is due at time of pick up. We accept cash, Venmo, Zelle, Apple Pay. Credit Card coming soon. Pet Owner's Initials _____

SATISFACTION

Your satisfaction is important to us. If you are unhappy for any reason, and would like something adjusted, we will be happy to make any adjustments when you pick up your pet from his/her appointment. Once, however, you take your pet home from the appointment, any return visits will be treated as a new appointment. Pet Owner's Initials _____

PHOTOGRAPHS

This release form authorizes Pawsitive Pathways to take photos of your pet for customer file, website and social media. All photos taken are the property of Pawsitive Pathways. Pet Owner's Initials _____

I have received this Service Contract and understand the contents. I affirm that I am the rightful legal owner of the pet(s) for which services are being rendered. I authorize this signed contract to be valid approval for future services, permitting Pawsitive Pathways to accept reservations without additional signed contracts or written authorization. It is my responsibility to promptly report any changes that may affect this service agreement. I understand that pricing is subject to change. I have read, signed and agreed to the above.

Signature of Pet Parent: _____

Date: _____

Printed Name: _____

Verified by: _____