



Bay D, 2020 32<sup>nd</sup> Avenue N.E Calgary, Alberta T2E 6T4  
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### Grooming Profile and Release Form

Last Name \_\_\_\_\_ Pet Name \_\_\_\_\_  
First Name \_\_\_\_\_ Breed \_\_\_\_\_  
Address \_\_\_\_\_ Color(s) \_\_\_\_\_  
\_\_\_\_\_  
Spayed /Neutered? Yes No  
Sex: M F  
Home # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Work # \_\_\_\_\_ Vet Clinic \_\_\_\_\_  
Cell # \_\_\_\_\_ Vet Phone # \_\_\_\_\_  
Other# \_\_\_\_\_ Vet Name \_\_\_\_\_  
Email \_\_\_\_\_  
**Emergency Contact (Name/Phone #)** \_\_\_\_\_

Please circle all that apply, please Explain in detail below

- Allergies    Sensitive Skin    Biter    Moles/Warts    Blind    Deaf    Epileptic**  
**Aggressive Towards People    Aggressive Towards Other Dogs/Animals**

**Other (please specify below)**

\_\_\_\_\_  
**Pet Release**

Your pet is very important to us, and every effort will be made to make this visit as pleasant as possible; however, occasionally grooming can expose a hidden medical problem or aggravate a current one. Senior pets, puppies, and those very matted or difficult to groom are at a greater risk of injury or stress. I certify that I am the agent of this pet. I hereby grant this establishment, Dogaholics Services Inc, to act in my behalf, and in my pet's best interest, by obtaining veterinary care at my expense, if deemed necessary, for all illness, injury or death. I further agree to pay all other services incurred by and for my pet during its stay at this facility. This includes any injury or damage to a person, place object or animal. This boarding facility agrees to exercise all due and responsible care to prevent injury, illness, death and damage to and from my pet; however, in the event of illness, death or damage, this facility, owners, successors, directors, staff, agents or volunteers, shall not be held liable. I agree to pay all costs for any property damage or personal injury caused by or for my pet the day of pickup of my pet, and I understand my pet may not leave the premises until all charges are paid for in full.

Signature \_\_\_\_\_  
Name (please print) \_\_\_\_\_ Date \_\_\_\_\_