



Country Meadows Pet Inn & Doggie Day Spa

3355 W FM 720, Little Elm, TX 75068

Grooming Agreement

Owner's Name: _____

Owner's Email: _____

Home Phone: _____ Cell Phone: _____

Pet's Name: _____ Breed: _____

Color: _____ Age: _____ Sex: _____ Weight: _____

Spayed/Neutered? _____

(For multiple pets, attach separate form for each pet with just the additional pet information.)

Grooming Instructions:

Medical Needs:

Grooming Release

Should my pet become ill, I give Country Meadows Pet Inn the authority to bring my dog(s) to a veterinarian to treat my pet as deemed necessary and will be financially responsible for any additional fees incurred at time of release. If my animal is found to have fleas, appropriate flea treatment will be given at my cost. Vaccinations must be current, or will be administered at my cost. I understand that all reasonable precautions against illness, injury, escape, and death of my dog(s) will be taken. Country Meadows Pet Inn, and the groomers and staff, will not be held liable or responsible in any manner, or under any circumstances in the connection therewith, as it is understood that I assume all risks.

I have read and agree with the Grooming Release.

Signature of Owner/Responsible Party

Date

Today's Contact Number (if different from Owner's phone)