



831 Bordeaux St., New Orleans, LA 70115  
 (504) 899-1850

**GROOMING CONTRACT**

**( ) MATTED/TAKEDOWN**

I am aware that my pet is heavily matted and authorize Dog Day Afternoon, LLC to remove the mats by shaving or heavy brushing. Although precautions will be used during this process, I have been informed and understand possible reactions such as irritation, or nicks on the skin, and agree not to hold Dog Day Afternoon, LLC responsible for minor injuries to the skin that are a result to the de-matting process.

**( ) ELDERLY PET**

I am aware that my pet is an elderly pet and that the process of grooming may be stressful to them. The stress of grooming may cause latent, or unknown, or inactive conditions such as heart, kidney, or liver disorders to become active and can result in illness, seizures or the death of my pet. Although Dog Day Afternoon, LLC will take reasonable care in the grooming of my pet, I acknowledge that the stress of grooming may initiate stress-related problems in my pet. I agree not to hold Dog Day Afternoon, LLC responsible for reactions to grooming.

**( ) SPECIAL CONDITION/NEEDS PET**

I am aware that my pet has certain special conditions and that the process of grooming may be stressful to them. The stress of grooming may cause known special conditions such as arthritis, bone, joint, prone to seizures or surgical sites to become active or inflamed, and unknown or inactive conditions such as heart, kidney, or liver disorders to become active and can result in illness, seizures or the death of my pet. I agree not to hold Dog Day Afternoon, LLC responsible for reactions to grooming.

**( ) FLEA/TICK TREATMENTS (DIP/"SPOT ON" TREATMENT/FLEA SHAMPOO/CAPSTAR)**

I have requested that my pet be treated for fleas, ticks or other parasites. I have been advised that my pet may be sensitive to an ingredient in the flea/tick treatments. Although Dog Day Afternoon, LLC will use reasonable care and precautions in the flea/tick treatment procedures, I agree not to hold Dog Day Afternoon, LLC responsible to the flea/tick treatment process. I understand that there is an extra charge for any flea treatments provided.

**( ) SEDATION**

I have requested that my pet be sedated for grooming for the safety of the pet and the groomer at an additional charge.

**(PLEASE PRINT CLEARLY)**

Customer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Veterinarian Clinic \_\_\_\_\_ Vet Phone \_\_\_\_\_

Vaccination Records Verified by \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_

In the event of an emergency, I authorize Dog Day Afternoon, LLC to seek medical attention for my pet. I have read and understand the conditions on the reverse. I will not hold Dog Day Afternoon, LLC responsible for any pre-existing health problems my pet may have.

If the pet is not picked up in a timely manner after the groom is completed, an additional Boarding fee of \$20 will be added to the bill.

\_\_\_\_\_  
 Owner Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Dog Day Afternoon, LLC Representative

\_\_\_\_\_  
 Date