

1<sup>st</sup> Choice / Mary Magee  
Grooming Pet Release Form & Agreement of Services  
Liability, Services, Payments



*Your pet is important to us. Because we care, we want to assure you that every effort will be taken to make your pet's visit as pleasant as possible.*

Occasionally grooming can expose a hidden medical problem or aggravate a current one. This can occur during or after grooming.

If your pet is severely tangled or matted, it is at greater risk of injury, stress and trauma. All precautions will be taken, however problems occasionally arise during or after grooming such as: nicks, clipper irritation, and mental or physical stress.

In the best interest of your pet, we request permission to obtain immediate veterinary treatment, at your expense, should it become necessary.

Sincerely,  
Mary Magee/1<sup>st</sup> Choice

*I hereby grant permission to 1<sup>st</sup> Choice/Mary Magee to obtain emergency veterinary treatment for my pet. I will not hold 1<sup>st</sup> Choice/Mary Magee responsible for accident or injury to my pet during the grooming procedure.*

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Signature	Date	Credit Card number and date of expiration
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SERVICES

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Pedi (nail trim) \$10   | <input type="checkbox"/> Mini Spa (massage) \$10                                      | <input type="checkbox"/> Spa (massage/nail trim) \$15 |
| <input type="checkbox"/> Full Spa (bath, dry, massage and nail trim) \$25 and up _____ | <input type="checkbox"/> Full Spa and Grooming (clipping, trimming) \$35 and up _____ |   |

PAYMENT REQUIREMENTS

1. I understand that the hours of grooming operation are 9:30 am – 6:00 pm. I will be given an estimated pick up time when dropping off. If I have not picked up my pet by 6 pm, I will be charged a \$5 late pick up fee per half hour. If I have not picked up my dog by 9:00 pm, my dog will be boarded for the night. I understand I will be charged for overnight boarding based on posted rates.
2. I understand if an unpaid balance remains unpaid for 60 days or more, unless another arrangement is made, my 1<sup>st</sup> Choice/Mary Magee account will be turned over to a collection agency and that as a result I will be liable for collection costs and attorney fees in addition to the unpaid balance.
3. I understand that 1<sup>st</sup> Choice/Mary Magee has the right to refuse service to me, or my dog(s), at any time for any reason.
4. I understand that I will be charged a \$35.00 handling fee for any returned checks.
5. I understand that a no show/no call will be charged a \$10 missed appointment fee.
6. I understand that cancellations with less than 24-hour notice will be billed 25% of service scheduled.
7. I give permission to charge my credit card on file for NFS checks, no shows, no calls or late cancels.

LIABILITY

1. I (the owner) understand that if my dog has a history of aggression or biting, 1<sup>st</sup> Choice/Mary Magee reserves the right to refuse service and that all bites will be reported to the local authorities as required by law.
  2. I understand that I am liable for any medical care expenses and damages that result from injuries caused by my dog.
  3. I expressly waive and relinquish any and all claims against 1<sup>st</sup> Choice/Mary Magee, its employees and representatives.
  4. I have disclosed to 1<sup>st</sup> Choice/Mary Magee any and all known dangers associated with my dog.
  5. I expressly understand and agree that 1<sup>st</sup> Choice/Mary Magee shall not be held responsible for any damage to my property, or that of others, caused by my dog during the period in which they are in its care.
  6. I understand that under no circumstances will 1<sup>st</sup> Choice/Mary Magee be liable for consequential damages or damages beyond the replacement value of my dog.
  7. If any medical problems develop while my dog is in the care of 1<sup>st</sup> Choice/Mary Magee, I authorize 1<sup>st</sup> Choice/Mary Magee to do whatever they deem necessary for the safety, health, and well being of my dog. Further, I agree to assume full financial responsibility for any and all expenses incurred and shall be charged to the credit card on the application form held on file.
  8. I understand that 1<sup>st</sup> Choice/Mary Magee is a home environment. I accept the risks involved and agree that 1<sup>st</sup> Choice/Mary Magee is not liable for any injuries or illnesses resulting during my dog's attendance.
  9. I agree to release any/all of images of my dog(s) photos or videos taken by Mary Magee to 1<sup>st</sup> Choice/Mary Magee, for local, national and/or Internet marketing or promotional purposes with no limit on use or reuse.
  10. I hereby declare to 1<sup>st</sup> Choice/Mary Magee that I am the legal owner of my dog; that my dog has not been exposed to Distemper, Rabies, or Parvovirus within the past (30) thirty days; that my dog has been inoculated as indicated by records presented. I further understand that due to the way dogs interact and play with one another, cuts, nips, illnesses and scratches can occur even though the dogs are carefully supervised at all times.
- I understand that even if my dog(s) is vaccinated, there is a chance within a group environment that my dog(s) can still contract Kennel Cough as well as other canine communicable diseases. I agree that I will not hold 1<sup>st</sup> Choice/Mary Magee, responsible if my dog(s) contracts any canine communicable disease, internal, or external parasite. \_\_\_\_\_ (Initial please).

I certify that I have made full disclosure and that I (the owner) have read, understand and accept the terms, conditions and statements in this agreement. Furthermore I acknowledge that this agreement shall be effective and binding upon parties.

\_\_\_\_\_  
Print Name of Owner

\_\_\_\_\_  
Dog's Name

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

\_\_\_\_\_  
Date