



Boarding/Grooming Release Form

Your pet is very important to us. Because we care, we want to assure you that every effort will be made to make your pet's visit as pleasant as possible. Your pet may have certain pre-existing conditions that you may or may not be aware of that grooming/boarding your animal may make evident or exaggerate. We will take every precaution but require you to be aware of the risks of grooming/boarding and require your signed release.

Last Name

I agree to save and hold harmless Heavenly Scent Pet Resort & Spa (HSPRS) and its owners, operators, employees, officers and directors from any damage, loss or claims arising from any service and/or products provided by or as a consequence of my association with HSPRS. I understand that every dog reacts differently and that animals, by nature, are unpredictable. Dogs may, without warning, bite or cause injury to humans and other dogs. I acknowledge and understand that there are certain risks involved in grooming and boarding my animal including but not limited to a pre-existing condition of my pet, dogfights, dog bites and the transmission of disease.

Should any medical emergency arise, I authorize HSPRS to determine the need and to seek emergency services for my pet and make any needed decision concerning medical treatment, choice of caregiver and reasonable costs incurred. My signature below authorizes said treatment and promises full reimbursement of said charges. I also agree to pay all costs associated with damage caused by my pet to the facilities and furnishings of HSPRS.

I guarantee that my pet is current on all vaccinations as recommended by my veterinarian and will provide proof of rabies vaccination.

I am aware of the certain conditions, including but not limited to the following, that my pet may have as pre-existing conditions and release HSPRS from any and all liabilities associated with them, whether known or unknown to me or HSPRS.

Initial all that apply:

Aged Pet if over Seven Years Old _____

I am aware that my pet is a senior citizen and that the process of grooming/boarding may be stressful. The stress of grooming/boarding may cause latent, 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 HSPRS will take reasonable care in the grooming/boarding of my pet, I acknowledge that the stress of grooming/boarding may initiate stress-related problems in my pet. I agree not to hold HSPRS responsible for reactions to grooming/boarding.

Special Condition Pet _____ Describe _____

I am aware that my pet may have "Special Conditions" and that the process of grooming/boarding may be stressful. The stress of grooming/boarding may cause known conditions of arthritis, bone, joint, 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. Although HSPG will use all precautions, I recognize that boarding may cause stress-related weight loss and digestive disorders. I agree not to hold HSPRS responsible for reactions to grooming/boarding.

Heavy Matting _____

I am aware that my pet is heavily matted and authorize HSPRS to remove the matts by shaving or heavy brushing. Although HSPRS will use all precautions during this process, I have been informed and understand possible reactions such as irritation, or nicks to the skin, and agree not to hold HSPRS responsible for minor injuries to the skin that are a result of the dematting process.

Flea/Tick Treatments _____ Currently on Flea/Tick Preventive: Yes _____ No _____ Last Applied/Administered on _____

I am aware that my pet may be treated for fleas, ticks, or other parasites upon my request or the recommendation of HSPRS. I have been advised that my pet may be sensitive to an ingredient in the flea/tick treatment. Although HSPRS will use reasonable care and precautions in the flea/tick treatment procedures, I agree not to hold HSPRS responsible for reactions to the treatment process.

I understand that any animal left for ten days beyond the agreed date of pick-up may be sold or re-homed at the discretion of the owner and I would be responsible for all charges incurred by HSPRS. With my signature below, I accept exclusive and sole responsibility for these and all other risks and release HSPRS of all liability, no matter the cause. I also agree to pay all charges for requested services provided by HSPRS. This agreement is good for any and all dates my pet is under care at HSPRS.

Pet's Name(s) _____

Owner's Signature _____ Date _____

Heavenly Scent Pet Resort & Spa
8246 N. Delaney Rd. • Henderson, MI 48841
989.277.0740 • www.heavenlyscentspetresort.com

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