



1535 N Dayton St
Chicago Il 60642
Phone 312.475.9910
info@unleashedpups.com
www.unleashedpups.com

Grooming Registration Form

PLEASE COMPLETE THE APPLICATION IN ITS ENTIRETY along with vet paperwork showing current rabies, distemper/parvo and bordetella vaccines along with a negative fecal test from within the last 12 months. Once all of this paperwork is received we will set up your appointment. Thank you!

CLIENT INFORMATION

How did you find us? _____

First Name _____ Last Name _____

Address _____ Unit/Apt _____

City, State, ZIP _____

Home Phone _____ Work Phone _____

Cell Phone _____

Email _____

Spouse/Partner

Name _____ Email _____

Work Phone _____ Cell Phone _____

Emergency Contact

Name _____ Phone Number _____

Relationship _____



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Web Access User Name _____

Password _____

Credit Card Information

This information will be held in the strictest confidence and used only with your approval to pay for products and/or services at Unleashed .

Card Number _____

Expires (mm/yyyy) _____ CV2 Number _____

Billing Address (if different than above)

Authorization Signature

Payment Requirements:

If your grooming appointment is cancelled with less than 24 hours notice we will charge your card on file the FULL GROOMING CHARGE.

I understand that the hours of operation at Unleashed are 7 a.m.-7 p.m. Monday-Friday, 9 a.m.-3p.m. Saturday, and 9 a.m.-11 a.m. and 4 p.m.-6 p.m. Sunday. Hours are subject to change. Payments are at the time of service.

If I have not picked up my dog by closing time, Unleashed will board my dog overnight at my expense. Should this take place, I authorize in advance that Unleashed will automatically charge my credit card a \$15 late fee, and a \$49 boarding fee, totaling \$64, in addition to the grooming charge.

I authorize Unleashed to charge my credit card for any outstanding balance on my account. I understand that I will be charged a \$25 handling fee for returned checks.



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DOG INFORMATION

Name _____

Female _____ Male _____

Breed _____ (Best Guess is fine!)

Color/Markings _____

Weight _____

Birthday/Adoption Date ____/____/____

Spayed/Neutered? _____

Is your dog scared of loud noises like a hair dryer?

Does your dog have sensitive skin?

Does your dog have allergies or take medication?

Special notes or comments:



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LIABILITY WAIVER

Dog Name(s) (Please print) _____

Owner Names(s) (Please print) _____

Client Agreement and Release of Liability

I hereby release Unleashed, its agents, officers, sub-contractors, employees, animal owners, customers, and potential customers of Unleashed from any and all liabilities, financial, and otherwise, for injuries to myself, my dog, or any other property of mine, which arise in any way from services and/or products provided by or as a consequence of my association with Unleashed. I agree to assume all liabilities and responsibilities, financial and otherwise, for the behavior and health of my dog. In consideration of the services rendered by Unleashed, I waive any and all claims, actions, or demands of any nature, foreseen or unforeseen, that I may have against Unleashed relating to the care, control, health, and/or safety of my dog arising during pick-up, transport, drop-off, and stay at the facilities.

I authorize Unleashed to do whatever they deem necessary for the safety, health, and well-being of my dog while under the care of Unleashed, including seeking professional veterinary treatment for my dog. Due to the many outstanding benefits of dog socialization and Unleashed's commitment to the safety and well-being of my dog, I agree that the benefits of dog socialization outweigh the risks. Furthermore, I request a socialized environment for my dog while under the care of Unleashed.

I understand that Unleashed has the right to refuse service to me and/or my dog at any time for any reason. I understand that if my dog has a history of or repeatedly demonstrates aggression or biting of humans or animals, Unleashed reserves the right to refuse service. I understand that all bites will be reported to the local authorities, as required by law. I hereby declare to Unleashed that I am the legal owner of my dog; that my dog has not been exposed to distemper, rabies, or parvovirus within the past thirty (30) days; that my dog has been inoculated as indicated by records presented.

I understand that videos and pictures will be taken of my dog(s) and used for marketing purposes.

There are a variety of skin and coat problems that can occur after the coat is cut into a close shave. This is most often found in dogs with a thick undercoat or who are matted. Some of these issues include hair loss, texture changes, skin discoloration, sunburn and/or itching. We do not recommend shaving the coat and therefore ask that you authorize our Groomer to shave down your pet.

Infected ears will not be cleaned or plucked during grooming. We recommend seeing a licensed veterinarian for proper diagnosis and medication.

Anal glands will only be expressed under the Owner's consent. There are slight risks involved and it is recommended to be done by a veterinarian.

By signing below, I acknowledge that I have read this Liability Agreement in its entirety and agree to the terms. I authorize and do not hold liable Unleashed and all related employees to perform one or all of the above services or any other services requested by not listed. This agreement shall be binding for a period of ten (10) years from the date of signature below.

CLIENT SIGNATURE _____ DATE _____