

Waverly Animal Hospital, Boarding & Grooming

233 S. Waverly Road | Lansing, Michigan 48917 | (517)323-4156

www.waverlyanimalhospital.com

GROOMING/BATH AGREEMENT

This agreement is valid for one year from this date.

("owner" refers to pet owner)

Date: _____

Pets Name:	Owner's Name:	E-mail Address:
Home Phone:	Work Phone:	Cell Phone:
Emergency Contact Name: (other than owner)	Emergency Contact Phone:	Authorized visitors or drop-off/pick-up(if other than owner):
Primary Veterinarian Name/Facility:	Primary Veterinarian Phone:	Permission to Obtain Veterinary Medical Records if necessary (circle): YES NO

VACCINATION AND INTESTINAL PARASITE SCREEN POLICY

To provide a healthy environment and to prevent the spread of disease among pets in our facility we require:

DOGS to be vaccinated **by a veterinarian** for the following: Rabies, Bordetella (within 6 months),

Distemper/Adenovirus(hepatitis)/Parvovirus/Parainfluenza combination (often listed as DHPP or DA2PP), and
Leptospirosis (within 12 months).

CATS to be vaccinated **by a veterinarian** for the following: rabies and rhinotracheitis/calici virus/panleukopenia combination
(often listed as RCP).

It is highly recommended that all vaccinations be up to date at least 7 days prior to boarding. In addition proof of a negative
intestinal parasite screen (IPS) in the last 12 months is required.

Behavior Information

1. Has your pet ever growled at another animal? YES ___ NO ___
2. Has your pet ever growled at a person? YES ___ NO ___
3. Has your pet ever bitten/attacked another animal? YES ___ NO ___
4. Has your pet ever bitten/attacked a human? YES ___ NO ___
5. Has your pet ever tried to bite during a nail trim? YES ___ NO ___
6. Has your pet ever tried to bite during a bath/hair cut? YES ___ NO ___

If YES, please explain: _____

Illness/Injury Policy*

Should your pet develop an illness or injury during boarding medical attention by our veterinary staff is available. We will
contact the numbers provided if medical treatment is deemed necessary. If no one is able to be reached the veterinary staff
will use judgment in what is in your pet's best interest. Should immediate treatment be required and the owner or emergency
contact is unable to be reached the owner authorizes up to the following amount: \$_____

Owner Signature: _____

Date: _____

-OR-

DO NOT PROVIDE MEDICAL TREATMENT until the owner or emergency contact has been reached.

**(In the event of a severe life-threatening medical condition or injury Waverly Animal Hospital, Boarding and
Grooming will use necessary judgment and your dog may be examined or stabilized prior to owner contact).**

Owner Signature: _____

Date: _____

***Treatment and testing is required for potentially contagious diseases or parasites** (i.e. coughing, vomiting, diarrhea,
fleas, et cetera) and owner is responsible for expenses associated with treating and diagnosing. _____. **(Initials)**

I HAVE READ, UNDERSTAND AND AGREE TO ALL PROVISIONS OF THIS AGREEMENT

Client/Owner Name: _____ Signature: _____ Date: _____