

Medical Information and Liability form

Medical Information for Grooming:

Please Check Any Current Medical Problems Your Pet Has:

___Heart Problem ___Respiratory ___Intestinal ___Bloat
___Parasitic ___Allergic Reactions ___Other_____

If you checked any of the above, please elaborate here:_____

Has the Guest Recently Recovered from any Illness or Injury: Yes / No
If yes, please explain the nature of the affliction: _____

Please list any PAST Medical History that is important to your pet's care:

Current Medications:

Medication: _____ Dosage: _____ Given: _____

Medication: _____ Dosage: _____ Given: _____

Liability Release:

subcontractors, employees, animal owners, customers, and potential customers, of Animal Activity Center, Inc., from any and all liabilities, financial or otherwise, for injuries to myself, my dog/cat, or any other property of mine which arise in any way from our services and/or products provided by, or as a consequence of, my association with Animal Activity Center, Inc.

___In consideration of the services rendered to the guest or client by Animal Activity Center, Inc., the Guest or Client waives any and all claims, actions, or demands of any nature, foreseen or unforeseen, that he/she may have now, or in the future, against Animal Activity Center, Inc. relating to the care, control, health, and/or safety of the Guest or Client arising during transport, drop-off, and stay at the facilities at which the guest is being cared for. This will remain binding for any situation with exception to the absence of gross negligence.

___I, the Client, agree to assume all liabilities and responsibilities, financial or otherwise, for the behavior and health of my pet. I, the Client, agree to hold Animal Activity Center, Inc. harmless from any claims, actions, or demands, against Animal Activity Center, Inc. arising during the pick-up, transport, drop-off, and stay at Animal Activity Center, Inc., in the absence of gross negligence.

___I, the Client, authorize the Animal Activity Center, Inc. to do whatever they deem necessary for the safety, health, and well being of my dog/cat while under the care/supervision of the Animal Activity Center, Inc. or its staff.

Client Signature: _____ Client's Printed Name: _____

Witness Signature: _____ Date: _____