

Pet Hotel Hadley Staff Member:\_\_\_

## Salon Registration Form

	Today's Date:		Owner's Name:	
HADLEY	Pet's Name:		Breed:	
	Address:		City, State, Zip	
	Mailing Address:			
	Home:		_ Work:	
			Email:	
HOW DID YOU HEA	R ABOUT US?			
	FACTS AND AUTHORIZED PICK U		•	
			Relationship	
Name	Contact #		Relationship	
			How long have you had your pet?	
			Birthday	
Vet Clinic Name		City	State	
Phone Number		Amount of years	as patient	
			RABIES Proof of vaccinations Attached? YESNO_ fy vaccinations/medical history? YESNO	
	GROOMING	TERMS AND CO	NDITIONS	
& RABIES). The Own with an infectious cond	er certifies that their pet is up to date on all lition despite being vaccinated. This is not d	Il vaccines listed. Own ue to any circumstance	LPP, BORDETELLA, RABIES & FECAL EXAM, CATS – FV ner understands that it is possible for vaccinated pets to becomes or condition in Pet Hotel Hadley's grooming salon, and you condition during or after its appointment.	ne il
			r-recommended usage of any of the products used at our salon doubts the owner should consult with their veterinarian prior.	. Pets
Hadley are not veterina	arians and do not have backgrounds in animal Hadley is not responsible for any pre-exi	nal medicine and are no	ou acknowledge and you are aware that the employees of Pet of expected to diagnose or detect illnesses in the pets that are also or any other medical problem(s) that may become affected	at Pe
may be used or service contact you, however it making, to transport if	es refused or discontinued. If your pet bec if time is critical or we are unable to conta needed to enlist the services of a veterinaria	comes sick or injured a act you, you hereby gra an and his facility. The	being of your pet and/or salon associates are in jeopardy, a m and requires professional emergency attention, we will attent ant Pet Hotel Hadley and all its associates full power of deci- e expenses incurred shall be your responsibility.	ision
5. Any pet not picked up	by scheduled closing time will be transferre	ed to a boarding suite t	that is available for an overnight stay at the published nightly	rate.
	I agree to all the above	e terms and condition	ns of this document.	
Owner's Signature:			Date:	
Printed Name:				