



SENIOR PET / MEDICAL RELEASE FORM

I understand that my pet(s) have medical condition(s) and/or is/are senior(s). I am aware that grooming can cause stress that can exaggerate or expose new problems, or even lead to a serious medical event or death.

I understand there are mental and behavioral changes in senior dogs or dogs with medical conditions, and they are groomed for comfort only and not appearance.

I release **The Dogfather** from any liability should any problem/medical issues occur.

I am solely responsible for any and all medical bills related to my dog, and should an emergency arise, I give permission to the **The Dogfather** to seek veterinary care at the nearest veterinary clinic. I understand that **The Dogfather** has the best interest of my pet in mind and will do everything to keep my pet safe.

If **The Dogfather** feels that grooming will be too stressful for my pet, the groom will be stopped immediately and I will be contacted.

Owner's Name: _____ **Date:** _____

Owner's Signature: _____

Vet's name and number: _____

Dog's name _____ **Breed:** _____