Welcome to BONZ N' BUBBLES

UWNER INFURMATIUN		
Name:	Phone Number:	
Address:	City:	State:Zip:
E-mail:	How Did You Hear About U	Js?:
Veterinarian:	Vet Phone Number:	
PET INFORMATION (DOG #1)		
Pet Name:	Breed:	
Color:	Sex: M: □ F: □ Spaye	d/Neutered: Yes: □ No: □
Date of Birth (approx.):	Age:W	/eight:
Current on all shots (including rabies)?: Yes: □] No: □	
Has your pet had any of the following conditions	s within 30 days?: Fleas: □ Ticks: □	I Mites: □ Diarrhea: □
Does your pet have allergies? Yes: ☐ No: If y	yes, what are they?:	
Does your pet have any health-related issues? \	Yes: □ No: If yes, what are they?:	
Any area your pet does not like to be touched?	Yes: ☐ No: If yes, where?:	
Please check the following if they apply to your	pet:	
Scared of the Blow Dryer: ☐ Sensitive Skin:		
Shy/Timid: ☐ Aggressive with Animals: ☐ A	Aggressive with People: ☐ Bites: ☐	Barks: □
PET INFORMATION (DOG #2)		
Pet Name:	Breed:	
Color:		
Date of Birth (approx.):	Age:W	/eight:
Current on all shots (Rabies, Distemper and Parv	vovirus)?: Yes: □ No: □	
Has your pet had any of the following conditions	s within 30 days?: Fleas: □ Ticks: □	I Mites: □ Diarrhea: □
Does your pet have allergies? Yes: ☐ No: If y	yes, what are they?:	
Does your pet have any health-related issues? \	Yes: □ No: If yes, what are they?:	
Any area your pet does not like to be touched?	Yes: ☐ No: If yes, where?:	
Please check any the following if they apply to yo	our pet:	
Scared of the Blow Dryer: ☐ Sensitive Skin:		BONZ
Shy/Timid: ☐ Aggressive with Animals: ☐ A	Aggressive with People: ☐ Bites: ☐	Barks: Barks:
		SELF SERVICE GOG-WRSH & SPR

BONZ N' BUBBLES

YOU WASH CLIENT CONTRACT AND RELEASE OF LIABILITY

Please Initial Each Statement and Sign at the Bottom:

	erstand that, due to the nature of the business, Bonz N' Bubbles (BNB's) floors may be slippery wet and I will exercise all due caution within the store.
includ	losely supervise my pet at all times while at BNB. I understand that any items damaged by my pet, ing chewing or leg-lifting, are considered an "instant purchase" and that I will be held fully asible for their cost. Any such items will be added to my bill upon checkout.
•	e to keep my dog leashed and under my control at all times during our visit to BNB. I, furthermore, to keep my dog secured with a grooming loop at all times while in the tub.
willing	erstand that, while BNB will attempt to perform all services requested to completion, BNB is not to subject my pet(s) to extreme or undue stress. Some services may not be able to be performed epending on my pet's behavior.
I certif	fy that my pet is current on all vaccinations including Rabies, Distemper and Parvovirus.
reasor	erstand that BNB has the right to refuse service to me and/or my pet(s) at any time and for any n, including a history of demonstrating aggressive behaviors. I understand all bites must be sed to local authorities under law.
dogs of avoid of I am al be per althou	rstand that BNB staff are trained to clip nails in a safe and thorough manner. I am aware that many do not like having their nails clipped and may become anxious during the process. In order to undue stress or trauma to my pet, BNB may suggest my pet visit a veterinarian for this procedure. Iso aware that BNB offers nail trimming as an additional service, and that this may not be able to rformed due to my dog's behavior and/or coat condition for safety purposes. I am aware that, 19th BNB will do their best to avoid quicking my dog's nails, it does happen on occasion and BNB eat the quicked nail with styptic powder.
in an e	orize BNB to take any action deemed necessary for the safety, health, and well-being of my pet(s) emergency situation, while under the care of BNB, including seeking professional veterinary treat- The pet owner may be financially responsible for such services.
seen s occurs	erstand that BNB will exercise all due diligence regarding the care of my pet(s), but that unfore- ituations can arise when working with animals. BNB will immediately notify me if such a situation is concerning my pet(s). I agree to relieve BNB, its employees, owners and agents from any and all by which may arise from such unpredictable circumstances.
unkno	isideration of services rendered by BNB, I release any and all liabilities relating to all known and wn behavioral and/or health-related issues concerning my pet. I waive any and all claims against ts agents and employees relating to the safety of my pet arising during their stay at BNB's facility.
By signing, I	acknowledge that I have read this contract in its entirety and agree to all terms above.

Client Signature: ______Date: _____