



PAWZ FURST Teeth Cleaning Release and Waiver

Date _____

Pet's Name _____

Pet's Breed _____

I am not a veterinarian. I offer Preventative Care & Oral Hygiene Services.

I am the owner of the above-mentioned pet. I have requested that a teeth cleaning procedure be done on my above-mentioned pet. This procedure has been explained in full and I understand that this is not comparable to a veterinarian procedure. Surface scaling and polishing will be performed with the use of no anaesthetic or sedation. If needed, my pet can be given a "Pet Relaxant" for the teeth cleaning.

I therefore give PAWZ FURST Teeth Cleaning my full permission to perform this procedure.

I understand that if, my pet requires immediate veterinarian or emergency attention, PAWZ FURST Teeth Cleaning will ensure that the above-mentioned pet will receive the best and immediate attention needed. I (pet owner) will assume full responsibility for the payment and/or reimbursement for all veterinary services endured because of this procedure. **THIS TECHNIQUE IS CONSIDERED HYGIENE AND IS NOT TO BE CONFUSED WITH A MEDICAL PROCEDURE!**

I also understand that PAWZ FURST Teeth Cleaning will not put my pet in any unnecessary risk completing this procedure. Dogs that are pregnant, have heart complications or underlying health conditions do not qualify for this service. Please disclose any health issues prior to the appointment. Withholding any health information's, puts your dog at risk, Pawz Furst Dog grooming and staff will not be liable for this. **PAWZ FURST TEETH CLEANING will go to extreme lengths to ensure my pet's safety throughout this procedure.** This policy will remain in effect for this and all future appointments.

Pet Owners: _____

(Please print clearly)

Signature: _____