

Cat Grooming Consent and Waiver Form

Senior, Medically Fragile, and Standard Feline Clients

Owner Information

Owner Name: _____

Date: _____

Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

Cat Information

Cat's Name: _____

Breed: _____

Age: _____ Weight: _____ Sex: M / F / N

Color/Markings: _____

Indoor Only? Y / N Declawed? Y / N

Last Groom Date: _____

Veterinary Information (Required for cats 10+ years or with known conditions)

Veterinarian Name: _____

Vet Phone: _____

Clinic Name: _____

Medical and Behavioral History (check all that apply)

- Heart disease / murmur Kidney disease Diabetes
- Thyroid condition Seizure disorder Arthritis / joint issues
- Respiratory problems Recent surgery Skin condition / allergies
- Cognitive decline / dementia History of biting History of scratching
- Anxiety / fear during grooming Currently on medication Flea/tick treatment current

Current Medications: _____

Known Triggers or Sensitivities: _____

Additional Notes: _____

Consent and Risk Acknowledgment

1. I understand that grooming carries inherent risks for all cats, and that these risks are elevated for senior cats (11+ years) and cats with medical conditions including but not limited to heart disease, kidney disease, diabetes, respiratory issues, thin/fragile skin, arthritis, and cognitive decline.
2. I authorize the groomer to perform the services discussed and agreed upon. I understand the groomer may modify or discontinue services at any time if they determine my cat is experiencing excessive stress, pain, or medical distress.
3. I understand that pre-existing mats, skin conditions, or coat neglect may result in unavoidable skin irritation, redness, or minor nicks during the grooming process, even with the highest standard of care.

- 4. I agree to provide accurate and complete medical and behavioral information about my cat. I understand that withholding information may increase risk to my cat and to grooming staff.
- 5. In the event of a medical emergency during grooming, I authorize the groomer to seek immediate veterinary care at the nearest available clinic. I accept financial responsibility for any emergency veterinary costs incurred.
- 6. I understand that the groomer will contact me and/or my veterinarian if any health concerns are observed during the grooming session.
- 7. I agree that if my cat's behavior becomes dangerous to grooming staff (severe aggression, repeated biting), the groomer may stop the session. Full payment for time spent is still due.

Owner Signature: _____

Date: _____

Groomer Signature: _____

Date: _____

This form is valid for 12 months from the date signed. Please notify us of any changes in your cat's health or medications.
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