

# **OPAL TEETH CO.**

## **LIABILITY WAIVER & SERVICE AGREEMENT**

### **Notice to Pet Owners:**

All animals—in particular older ones—can have unknown underlying health issues and there are always risks involved while working with animals as they can be unpredictable. Opal Teeth Co. will take every precaution when handling your pets to do our very best to keep them safe while they are in our care. Your pets' wellbeing is extremely important to us. In order to work on your pet, we will need this form completed and signed.

### **Inherent Risks & Release of Liability:**

By signing this form, I ("the pet owner" listed below) acknowledge that there are inherent risks to my pet in the performance of these services, including, but not limited to, cuts, abrasions, infection, illness, stress, or adverse reaction to any of the cleaning agents used. I agree that these services provided by Opal Teeth Co. are provided solely at my risk, and hereby waive and release Opal Teeth Co. and its representatives from any and all liabilities arising out of the performance of the services.

**[Initial Here: \_\_\_\_\_]** I understand and acknowledge that the representatives of Opal Teeth Co. are not veterinarians and will not perform any veterinary medicine. I understand that sedation-free cleanings are a hygienic service and not meant to replace visits to your veterinarian.

### **PET OWNER INFORMATION:**

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **PET DETAILS**

Pet #1

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:  M  F Intact?:  Y  N

Health Issues:  Y  N \_\_\_\_\_

Has your pet ever bitten anyone?:  Y  N

First Cleaning?  Y  N Date: \_\_\_\_\_

Pet#2

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex:  M  F Intact?:  Y  N

Health Issues:  Y  N \_\_\_\_\_

Has your pet ever bitten anyone?:  Y  N

First Cleaning?  Y  N Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
. ("The Pet Owner")