Drop-Off Information for Bath

Owner's Name: _____ Pet's Name: _____

Breed: _____ Sex: ☐ Male ☐ Female Color: _____

Vaccine Due Dates

Bordatella: _____ Fecal: _____ DA2PP: _____ Rabies: _____

Initials of Staff member checking in: _____

Phone numbers where you can be reached today: _____ or _____

Time going home: _____

Any coughing or sneezing?	☐ YES	☐ NO
Any vomiting/ diarrhea?	☐ YES	☐ NO
Any excessive urinating/ drinking?	☐ YES	☐ NO
Any weight loss/ reduced appetite?	☐ YES	☐ NO
Has your pet bitten/ shown aggression?	☐ YES	☐ NO
Have you noticed any scratching?	☐ YES	☐ NO
Does your pet have a microchip?	☐ YES	☐ NO
Are you interested in micro-chipping your pet?	☐ YES	☐ NO

Weight: _____

Is your pet on any medications? _____

Any special instructions? _____

Employee Initials that performed procedure: _____

☐ NAILS ☐ BATH

I am over 18 years of age, am the owner of, or have been authorized by the owner to act as their agent, and I have read and agree that all the information above is correct.

Signature of Authorized Agent: _____ Date: _____

Signature of Admitting Staff Member: _____ Date: _____