

Bathing Release Form

Please give my dog a bath with Nail Trim and Ear cleaning!

PET Name _____ LAST Name _____

Breed _____ Color _____ AGE _____

Requesting TREATMENTS DURING while Bathing:

Express Anal Glands - Yes/NO

OTHER:

Emergency Contact Name and Number _____

Signature of Owner/Representative of Owner Date

Vaccinations: All pets must be current on their vaccinations to stay at our facility. If you use a veterinary hospital other than ours, vaccination history needs to be supplied to us at drop off.

DOGS: Rabies, DHLPP, and a yearly Bordetella CATS: Rabies and FVRCP