

BATHING ADMISSION FORM

Owner's Name:	Pet Name:
<u>Dogs</u> must be current on	their Bordetella, Distemper/Parvo, and Rabies vaccinations
<u>Cats</u> must be	current on their FVRCP and Rabies vaccinations
<u>All r</u>	pets must be current on their flea control.
If any of these services are ov	erdue they will be performed and you will be charged accordingly.
With a bath the following is include:	ded:
Bath	■ Nail Trim
Ear cleaning (simple)	Express anal glands
There will be an	n additional fee if your pet requires a medicated bath
Please check any additional service	ees you would like done (charges apply)
☐ Examination	☐ Vaccinations
☐ Lab-work	☐ Intestinal parasite screen
☐ Ear cleaning (more compre	ehensive if there is an ear infection)
☐ Prescription refill(s):	
☐ Other:	
contagious disease while here for	will not be held responsible if your pet becomes ill or contracts a the bath. Signing indicates that to the best of your knowledge your pet , that your pet is currently in good health, and that you understand our
I hereby release Contra Costa Vete	erinary Hospital from all liability in case of injury or illness.
Signature:	Date:
	Alternate phone: ()like us to text you when your pet is ready to be picked up.