

PAWS & CLAWS ANIMAL HOSPITAL

Bathing Agreement

Owner's Name: _____

Pet's Name: _____

Is your pet current on vaccinations? Yes No Don't know

If no, would you like us to catch your pet up-to-date? Yes Not at this time

Attention: during bathing your pet will be looked over for external parasites (fleas & ticks). If any of these are found, we are able to treat them while they are here. In the event that my pet has any of these external parasites, I would like:

For my pet to be treated to get rid of these parasites (at owner's expense).

I will take care of these external parasites myself.

Also during bathing your pet will be looked over for any skin irritation and ear infections. If any of these problems are found while bathing, I would like:

To be informed before any treatment be done that may be necessary i.e.: exam, and medication.

For any treatment that the doctor feels necessary to be done.

Special Instructions?

Phone number where you can be reached? _____

Pick-Up Date / Time: _____

Signature: _____ Date: _____