

Bath Release Form

Client ID: 20271
Client Name: Liz Debaillon
Address: Montgomery TX 77356
Phone #: (713) 823-9566

Patient ID: A
Patient Name: Buddy
Species: Canine
Sex: MN

Birthdate: 06/21/2012
Weight: 6.3lbs.

Facility ID:

Special Diet?

Note

Vaccinations

Instructions

All pets left for bathing must be current on all required vaccinations and free of fleas and ticks. All pets will be treated prophylactically for fleas upon arrival at the owner's expense.

If medications are necessary for treatment or handling, I give my permission to Western Hills Animal Medical and Surgical Clinic to administer such medications.

I authorize the Western Hills Animal Medical and Surgical Clinic to do whatever is necessary in case of an illness or an emergency situation.

All patients receiving a bath will receive a standard ear cleaning. For an additional \$17.50, they may receive a nail trim and anal gland expression as well.

Accept Decline

I have given and read/understand the boarding policy of the Western Hills Animal Medical and

Emergency contact:

Phone:

11/01/2018

Signature of Pet Owner or Person Responsible

Today's Date

Reminders:

Rabies	01/25/2020
Wellness Exam 6 Month	01/25/2019
Fecal Parasite Test	01/25/2019
Bordetella	01/25/2019
Heartworm Test	01/25/2019
Lepto 4 Way	01/25/2019
Influenza	
Dental	
Glucose Recheck	
Thyroid Testing	
DHPP	01/25/2019