



PATIENT	SPECIES	AGE	OWNER
SEX	BREED		ADDR
COLOR			PHONE

Yes No Have you applied topical flea prevention within the last 48 hours?

Yes No Any vomiting, coughing or diarrhea within the last 36 hours?

Details: _____

Yes No Has your pet been injured in the past 2 weeks?

Details: _____

Yes No Does your pet have any skin conditions, including itching, scratching, flaking, hair loss, redness, etc.?

Our canine bath package includes the following services;

- Bath
- Coat Conditioner
- Blow Dry Session
- Ear Cleaning
- Nail Trim
- Scented Spray

We apply eye lubrication to protect your pet's eyes.

If you would like to opt-out of any of the above services for your pet, please let us know. Please note that package pricing will not be adjusted.

Please choose one shampoo:

Sensitive skin shampoos

_____ So Gentle Hypoallergenic (Soap free and tearless)

Medicated shampoos

_____ Flea and Tick (not recommended unless infested - recommend long-term parasite prevention)

White Pet Shampoos

_____ Whitening

Scented Shampoos

_____ Peppermint Twist

_____ Pumpkin Pie

_____ Sugar Cookie

Please choose one scented spray:

_____ Blackberry Vanilla Musk

_____ Mystique (similar to Obsession for Men)

_____ Summer Tropical

_____ Sweet Pea and Vanilla

_____ I prefer to not have cologne spray

Patient:

Client:

Would you like to add on any of the following services? Please indicate which, if any, you would like below;

- Brush Out Single Coat \$15.00
- Brush Out Double Coat \$30.00
- Ear Hair Removal \$15.00
- Sanitary Shave \$15.00
- Nail grind \$7.00

Do you have any special instructions or requests?

Preferred pickup time: _____

I certify that my pet is free of fleas, ticks, and tapeworms. If any of these parasites are found on my pet, I authorize Hickory Veterinary Hospital to treat my pet at my expense.

_____ Initials

My DOG has been fully vaccinated within the last 12 months against DACPP, Bordetella, and Rabies, and has a current negative heartworm exam.

_____ Initials

I understand that unforeseen medical or behavioral conditions may be revealed that require us to change or halt the bathing process. Should this occur, you will be contacted to discuss medical options and associated costs. You will be responsible for the cost of any portion of the bathing process that had been completed prior to recognized medical or behavioral conditions.

_____ Initials

We recommend this optional procedure for your pet. Additional charges are listed below.

Microchip Implant - \$34.70

_____ Accept _____ Decline

My signature below indicates I have read and understand this authorization form. By signing this form I certify that I am the Owner or Agent for the above described animal and have the authority to execute this consent form and authorize the above named procedure(s). The information I provided above is true and accurate.

Date

Signature of Owner or Agent