

BATH Check-In Form

Date _____

Client Name _____

Pet Name(s) _____

Would you like the doctor to check any of the following skin disorders before the bath is given? If so, please give brief history/duration of problem. (There will be an examination fee).

- * Scratching/Chewing _____
- * Odor _____
- * Pimples _____
- * Rash/Hotspot _____
- * Dry skin _____
- * Ear Problems _____
- * Other _____

If you have identified a problem for the doctor to check, would you like to be called, or to call us, before any specific treatment is done? _____

Number at which you may be reached today: _____

Any special grooming needs?

- * Medicated shampoo _____
- * Oil Rinse _____
- * Allergy or problem with any shampoo or dip? _____
- * Matted hair _____

Do you desire a month-long parasite killer for use at home? _____

Heartworm _____ Flea/Tick _____ Flea Only _____

Would you like to take additional month-long product home? _____

Desired pick-up time (M-F after 3:00 p.m.) _____

VACCINES: If vaccinations have not been done at our hospital, proof of current vaccinations is required at time of drop-off. Dates if given elsewhere:

Dogs: DHPP: _____ Bordetella: _____

Rabies: _____

Cats: FVRCP: _____ Rabies: _____

This hospital does not maintain a 24 hour staff.

Signature: _____