

Danville Veterinary Hospital
812 Camino Ramon Road
Danville, CA 94526
(925) 837-4264

BATHING RELEASE FORM

Date: _____

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Telephone:

Weight: _____

Vaccinations:
DHLPP ANNUAL VACCINE
BORDETELLA VACCINE
RABIES 3 YR VACCINE
LYME ANNUAL VACCINE
HEARTWORM TEST (DOG)
OVA & PARASITES (T805)
HEALTH CARE PLAN RENEWAL

Due Date:

I hereby consent and authorize the hospital to sedate or anesthetize my pet for his/her bath if deemed necessary by the veterinarian. This is sometimes necessary in order to complete a bath if the pet is frightened. I hereby assume the extra cost incurred for this additional procedure.

Date

Signature of Owner/Agent

Phone number: _____

When did you last feed your pet? _____

Would you like to make an appointment for your pet's next bath? _____

Doctor's comments: _____
