

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 a brief history / duration of problem. (There will be an examination fee.)

Scratching / Chewing _____

Dry Skin _____

Odor _____

Ear Problems _____

Pimples _____

Other _____

Rash / Hotspot _____

If you have identified a problem for the doctor to check, would like to be called,

before any specific treatment is done?

Yes

No

(Circle One)

Number at which you may be reached today?

(_____) - _____

Any special grooming needs?

Medicated Shampoo _____

Matted Hair _____

Oil Rinse _____

Allergy or problem with any shampoo or dip? _____

Do you desire a month-long topical flea/tick killer dispensed for you to apply 24 hours

after the bath?

Yes

No

(Circle One)

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

Yes

No

(Circle One)

Desired pick-up time (Mon. - Fri. after 2pm) _____

VACCINES: Proof of current vaccines is required at time of drop-off

Dogs: DHPP _____ Bordetella _____ Rabies _____ Parvo _____

Cats: FVRCP _____ Rabies _____

Signature: _____

Date _____ / _____ / _____