

Client:\_\_\_\_\_

Patient:\_\_\_\_\_

Date:\_\_\_\_\_

# Bath Admission Form

Has this pet shown aggression or fear towards people or other animals? Yes ☐ No ☐

**If Yes please note:**\_\_\_\_\_

Can this pet be let out in the play yard/cat room with other pets of the same family? Yes ☐ No ☐

Bath includes 10 minute brush out, ear wipe out, bandana and cologne

Price range for baths are at staff discretion (\$20.00 Min \$60.00 Max ~depending on animal size and coat length)

**Would you like any additional services for your pet?**

**Spa Day \$50** Includes bath, toenail trim, ear wipe out, blueberry facial, 10 minute brush out, bandana, and cologne Yes ☐ No ☐

**Brush Out** (additional time \$10 every 10 min.) Yes ☐ No ☐ Time\_\_\_\_\_

**Anal Gland expression \$28** Yes ☐ No ☐ **Nail Trim \$23** Yes ☐ No ☐

**Tooth Brushing \$11** Yes ☐ No ☐ **Blueberry Facial \$5** Yes ☐ No ☐

**Emergency Contact: Name -** \_\_\_\_\_ **Phone -** \_\_\_\_\_

I give permission to Bethany Animal Hospital to walk my pet(s) off leash in the fenced in backyard (this only applies to dogs) Yes ☐ No ☐

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**Boarding for the Day (pick up after 3:00)**

**\$11.50** Yes ☐ No ☐

**Diet - Does your pet need to be fed today?** Yes ☐ No ☐

Own Food ☐ Type:\_\_\_\_\_ Hospital Food (Science Diet Sensitive Stomach) ☐

Amount per Feeding ( i.e. .5 cup, 1 cup) \_\_\_\_\_

AM ☐ Noon ☐ PM ☐

When is your pet due for his/her next meal?

AM ☐ Noon ☐ PM ☐

Does your pet have any allergies to food or treats? Yes ☐ No ☐

If yes, list allergies: \_\_\_\_\_

**Belongings** (Type, Quantity, and Description)

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**I (owner) read through the above information and confirm that the information is correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_