



ACCT. ID: _____

PATIENT: _____

CLIENT: _____

BATH AUTHORIZATION

PHONE NUMBER: *Mr. Mrs. Co-Owner / WORK HOME CELL:* _____

BATH POLICY

All baths performed by the nursing staff include a nail trim, anal gland check and ear cleaning. In addition, the nurses will spend 15-20 minutes brushing your pet and remove small mats when possible. More extensive brushing or dematting will require an additional fee.

Dematting, nail trimming, etc. may not be possible due to coat condition or the disposition of the pet and may require sedation and/or making an appointment with the groomer for professional grooming. Please let us know if your pet requires a special shampoo or conditioner. The nurses will call when your pet is brushed out, dry and ready to go.

PLEASE CHECK WHERE APPROPRIATE

- | | | |
|--|-----|----|
| 1. I authorize additional dematting or brush out charges as needed. | YES | NO |
| 2. I authorize shaving out mats as needed | YES | NO |
| 3. Call me (at the phone number above) before incurring any additional charges and/or for authorization for sedation if needed (see below). I understand that if I cannot be reached, my pet's bath may be delayed or cancelled. | YES | NO |
| 4. My pet needs SEDATION to be bathed | YES | NO |
| 5. Presurgical Lab work — Required for pets over 6 years old for sedation | YES | NO |

ADDITIONAL SERVICES: EXAM HEARTWORM TEST FECAL TEST VACCINATIONS OTHER

Specify: _____

TOYS COLLAR/LEASH CARRIER BEDDING

DESCRIPTION: _____

Pets without verifiably current vaccinations (Rabies, DHPP, Bordetella and Influenza for dogs; Rabies and FVRCP for cats) or with external parasites (fleas, ticks, etc.) will be treated upon admission. In the event of illness or injury, I authorize the Gaithersburg Animal Hospital veterinarians and staff to administer treatments and medications as deemed necessary for the health, safety, comfort and well-being of the above-described pet. We will gladly provide an estimate for anticipated costs upon request. Payment in full is required at the time of discharge. AMEX, Mastercard, Visa, Discover, personal checks with a valid ID and cash are all accepted.

SIGNATURE: _____ **DATE:** _____

RECEPTIONIST: _____ **NURSE:** _____ **DOCTOR:** _____