

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 parasiticide drug dispensed for you to administer 24 hours
after the bath? Yes / No (Circle One) If so, what kind? Flea Tick Both**

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** _____ / _____ / _____