



Bathing/Grooming Agreement

Client ID: _____ **Date:** _____
Patient ID: _____

Client Name: _____ **Patient Name:** _____
Address: _____ **Species:** _____ **Age:** _____
Phone: _____ **Breed:** _____ **Sex:** _____
Email: _____ **Weight:** _____

Is your pet current on Rabies, Da2PP, Bordetella vaccines (canine) and Rabies, FVRCP (feline)? Yes No
 (Note that Rabies - canine and feline- and Bordetella -canine only- are required)

Do we need to contact your previous Veterinarian for your pet's medical history? Yes No
 Previous Vet: _____

We are a parasite free clinic. During the bathing/grooming process, your pet will be looked over for external parasites (fleas & ticks). If parasites are found, you will be contacted for instruction for treatment and to discuss options.

Additionally, during the bathing/grooming process, your pet will be checked for skin irritation and ear infections. If any of these problems are found, I would like:

- To be informed before any treatment is done that may be necessary (exam, testing, medication, etc.)
- I give permission to treat for the following, please call with additional treatments
 - Ear Cytology Exam Medications
- The doctor should treat my pet as needed.

Special Instructions for Grooming or Bathing:

Has your pet ever had a negative experience in a Veterinary setting? Yes No Explain _____

Has your pet ever had an allergic reaction? Yes No Explain _____

Additional treatments requested today: _____

Please leave phone numbers that you can be reached at today. _____ / _____

By signing below, I give my permission for my pet(s) to be examined and treated by Agape Pet Hospital, LLC. **I further agree to pay all charges associated with treatments upon discharge of my pet.**

Owner/Authorized Agent _____ Date: _____