

Bath Drop Off Form

OWNER : _____ DATE: _____

LAST FIRST

PHONE : _____

PATIENT : _____ BREED: _____

COLOR : _____

SEX : _____ AGE : _____ DOB : _____

Drop off for: Bath, Toe Nail Trim & Anal Glands

Special Instructions _____

Additional Services: _____

I, the undersigned, owner of said Animal, authorize Pet Paradise Animal Hospital to perform the above listed treatments and agree to make payment for these services.

Tick Dip – If ticks are seen it will be required that we do a Tick Dip. Initials _____

Owner's signature _____ Date: _____

Phone Contact # _____

CAGE CARD

Drop Off For: Bath - Toe Nail Trim - Anal Glands P/U Time _____

OWNER: _____ DATE: _____

PHONE: _____

PATIENT: _____ COLOR: _____ BREED: _____

SEX : _____ AGE : _____ DOB: _____