



Bath Sign-in Form

(Please understand that we are not groomers. We will clip mats at an additional cost or when necessary for health reasons, but we **do not** perform any special cuts.)

Owner's Name: _____

Pet's Name: _____

Phone number where you may be reached: _____

Additional services you would like performed today: (Please circle all that apply)

Clip Nails Anal Glands Clean Ears Clip Mats (specify where below)

(CAT NAILS WILL AUTOMATICALLY BE TRIMMED FOR THE SAFETY OF THE BATHERS)

Any additional instructions?

In case of an emergency I authorize Pacifica Pet Hospital to administer treatment to my pet at the doctor's discretion.

Signature of Owner: _____ **Date:** _____
(or authorized representative)

FOR PACIFICA PET USE ONLY:

GENDER M / F

BATH COMPLETED BY: _____

BREED _____

OWNER NOTIFIED BY: _____

COLOR _____

WALK TIMES: _____

BELONGINGS: _____