



DROP OFF & BATH AUTHORIZATION

CLIENT ID: _____ PATIENT: _____ CLIENT: _____

DAYTIME PHONE NUMBER: MR OR MRS / WORK HOME CELL _____

ADMITTED FOR: _____

MEDICATIONS: _____ DOSAGE _____

DIABETIC INFORMATION:

LAST MEAL: _____ INSULIN LAST GIVEN: _____ INSULIN AMOUNT GIVEN: _____

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 matts 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 AVAILABLE Examination Heartworm Test Fecal Exam Bloodwork Other

Specify _____

TOYS COLLAR / LEASH CARRIER BEDDING

DESCRIPTIONS: _____

Dogs admitted to the hospital must be **currently vaccinated** for Bordetella, Distemper/Parvo (DHPP) and Influenza. Cats must be **currently vaccinated** for Distemper (FVRCP). All pets must be currently vaccinated against Rabies. Pets with **external parasites** (fleas, ticks, mites, etc) or without verifiably current vaccinations will be treated at admission at the standard fee, medical condition permitting. 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 animal.

DATE: _____ SIGNATURE: _____

RECEPTIONIST: _____ NURSE: _____ DOCTOR _____