

RESORT BATH ADMISSION/CONSENT FORM

Cobbs Ford Pet Health Center, P.C.

Date: _____ Owner: _____
Pet: _____ Species: _____ Breed: _____
Color: _____ Gender: _____

If your pet, <animal>, has or develops signs of a potentially contagious disease (ex: coughing, sneezing, diarrhea, etc.), we will require your pet to be examined by a veterinarian or picked up from our facility.

Is your pet having any of these symptoms? Yes No
Would you like to be contacted if your pet develops any of these symptoms? Yes No

Issues for Doctor to check or Procedures to be performed: _____

Would you prefer to be contacted if unplanned treatment is necessary? Yes No Would you like an estimate? Yes No

PICK UP TIME: _____
Pick up times are from: 7:00 AM . 5:30 PM Monday . Friday (Tuesday closed from 12:00 PM - 2:00 PM for training)
8:00 AM . 11:30AM Saturday

Resort Bath: Please check the following:

Cleansing Bath: Yes No
Medicated Bath: Yes No (Must be prescribed by a Veterinarian)
Nail Grind: Yes No (extra service fee)

*******Note*******

If you would like for your pet to have any type of hair cut, shave or thorough brushing, please be aware that this is offered by our grooming department only.

Contact Information: Emergency Phone Number _____

I authorize _____ to pick up my pet for me in my absence.
We cannot release <animal> to any person without permission, unless they are on the account!

NOTE: We require all pets to be current on vaccinations (Dogs: Rabies, DHPP, Kennel Cough, & Canine Influenza, and Cats: Rabies & CRP), and free of parasites (including fleas and ticks). If not, they will be given the necessary medications to meet our boarding requirements with the owner assuming full responsibility for the cost.

OWNER'S RELEASE: Cobbs Ford Pet Health Center is to use all reasonable precautions against injury, escape, sickness or death of a boarder. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand any problem that develops with my pet(s) while I'm absent will be treated as deemed best by the staff veterinarians and I assume full responsibility for any cost.

Owner's Signature _____ Staff Initials _____
Owner or Authorized Agent