

Bathing Admission Form

Owner:

Pet's Name:

Age:

Breed:

Choose Your Shampoo:

Regular Shampoo: □ Fresh-N-Clean □ Sensitive skin □ No Prefrence Medicated Shampoo *(additional pricing)*: □ Hypoallergenic □ Medicated Itch Relief Seasonal Package □ Seasonal scent/shampoo, bandana/bow, seasonal pup cup, & pet picture plus frame!

Baths come in two different options:

Pricing varies based on weight, coat length, and condition of coat, please ask your receptionists for ranges

Premium: Bath, Dry, Fragrance, Nails, & Ears.

Upgrade fragrance to a Mink Oil leave-in conditioner for a shiny coat & great smell.

Basic Package: Bath & Dry only.

□ Fragrance Spray □ Mink oil

Don't Forget Our Specials:

- 1) Deshedding Package \Box Yes \Box No
- 2) Conditioner: \Box Yes \Box No
- 3) \Box Mink Oil Treatment **OR** \Box Mud Bath

Calming for anxiety **OR** Mobility for joints

A La Carte Options:

- \Box Teeth Brushing
- □ Fresh Breath
- \Box Express Anal Glands
- □ Sanitary Trim (Potty Areas) (N/A on Sat/Sun)
- □ Ear Plucking (Includes ear clean)
- \Box Ear Cleaning $\,$ may increase with excessive discharge
- \Box Paw Creme Treatment
- □ Paw Pad Trim (N/A on Sat/Sun)
- □ Nose Balm Treatment
- □ Bandana, Bow, or Bow Tie
- □ Our Facials: □ Brightening Blueberry / □ Calming Chamomile

Your Family is Our Family, Let's Play:

□ Four Paws Pup Cup To-Go *(blueberries, whipped cream, milkbone toppings)*

 \Box 1 on 1 Playtime with our Kennel Techs

 \Box Pet Pictures with a frame \Box Yes \Box No

Stand up Frame? \Box Yes \Box No



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*Pick up times vary depending on the load of pets for the day, we try our best we DO NOT guarantee a specific time We will try to send updates via text message during the day. Receptionist will call you when your pet is ready.

Does your pet have any of the following, describe please: Allergies (Including Food)

Skin Conditions (Lumps or Skin Tags)

Medical Conditions (Heart murmur, arthritis, etc.);

Is your pet on ANY medications, including sedatives & Heartworm Flea & Tick Prevention?

Please list each medication & time given

1) Time: 2) _____ Time: _____

3) Time:

Does your pet need lunch while here? \Box Yes \Box No

Can Your Pet Have Treats? \square Yes \square No

Is Your Pet Social Media Approved?
Yes
No

If your pet has been coughing, sneezing, vomiting or has been to the vet within the last month please specify:

Signature: Date:

* As always, Thank You for trusting us with your little loved ones! We take great pride in our care to make your family our family. - Four Paws Inn and Staff.