

**Valley Veterinary Hospital**  
1780 Ygnacio Valley Road  
Walnut Creek, CA 94598  
(925) 932-2420

**BATHING RELEASE FORM**

Date: \_\_\_\_\_

Client ID:  
Client Name:  
Address:

Patient ID:  
Name:  
Species:  
Breed:  
Sex:  
Color:  
Markings:  
Birth Date:

Telephone:

Weight: \_\_\_\_\_

Vaccinations:  
DHLPP ANNUAL VACCINE  
BORDETELLA VACCINE  
RABIES 3 YR VACCINE  
LYME ANNUAL VACCINE  
HEARTWORM TEST (DOG)  
OVA & PARASITES (T805)  
HEALTH CARE PLAN RENEWAL

Due Date:

I hereby consent and authorize the hospital to sedate or anesthetize my pet for his/her bath if deemed necessary by the veterinarian. This is sometimes necessary in order to complete a bath if the pet is frightened. I hereby assume the extra cost incurred for this additional procedure.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Agent

Phone number: \_\_\_\_\_

When did you last feed your pet? \_\_\_\_\_

Would you like to make an appointment for your pet's next bath? \_\_\_\_\_

Doctor's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_