

**Bath Release**

Name: \_\_\_\_\_

Pets Name: \_\_\_\_\_

Address: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Color \_\_\_\_\_

Special Instructions \_\_\_\_\_

\_\_\_\_\_

Do you need more .....Sentinel? \_\_\_\_\_ Advantix? \_\_\_\_\_ Parastar? \_\_\_\_\_ Revolution? \_\_\_\_\_

I understand that it is required that my pet must be up to date on any vaccinations and lab work deemed necessary by the doctors of West Hills Animal Hospital & Emergency Center, including, for dogs, the leptospirosis vaccine and Canine Influenza vaccine. Any fees involved in satisfying this requirement will be included in my final invoice and will be my responsibility.

Signature \_\_\_\_\_

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