

Bath Release

Name: _____

Pets Name: _____

Address: _____

Breed: _____ Age: _____

Weight: _____ Sex: _____ Color _____

Special Instructions _____

Do you need anySentinel? _____ Heartgard? _____ Simparica Trio? _____

Bravecto? _____ Credelio? _____

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: _____