



Lacombe Veterinary Hospital

27351 Highway 190

Lacombe, La 70445

Dr. Billie Zeller, DVM

Bathing Consent Form

Patient Name: _____ Sex: _____ Age: _____ Weight: _____

Species: _____ Breed/Color: _____

I understand that pets must be completely up to date on all vaccinations in order to be bathed at our facility.

Special Instructions: _____

ALL PETS BEING BATHED WILL BE EXAMINED FOR FLEAS AND IF FOUND PET WILL BE TREATED AT THE OWNERS EXPENSE.

Emergency Contact/Phone: _____

If any emergency is to arise during your pets stay, would you like us to provide medical attention immediately or would you like us to contact you for authorization? _____

(I am aware that I will be responsible for any and all costs that are incurred during treatment)

I HAVE READ AND UNDERSTAND THIS AUTHORIZATION AND CONSENT

SIGNATURE: _____ DATE: _____