

# Social Circle Veterinary Hospital

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## Bath Consent Form

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex F M

In case of illness or injury, I, the undersigned, do hereby give my authorization and consent for the doctors of Social Circle Veterinary Hospital to treat, prescribe for, or perform surgery on my pet(s) while the are in the hospital should it be deemed necessary. **Initial** \_\_\_\_\_

The health team at Social Circle Veterinary Hospital are to use all responsible precautions against illness, injury or escape of my pet(s), but they will not be held liable or responsible under any circumstances, on account of the care, treatment or safe keeping of my pet(s), as it is thoroughly understood that I assume all risks. **Initial** \_\_\_\_\_

I understand my pet must be current on vaccines to stay in the hospital. If not current, I authorize the doctors to examines and give the following vaccines \_\_\_\_\_

**Initials** \_\_\_\_\_ Please let us know if you need an estimate of the cost.

I understand that should my pet have any external parasites (fleas/ticks), my pet will be treated accordingly, and I will be held responsible for the expense of the treatment. **Initial** \_\_\_\_\_

Does your pet have any allergies or skin conditions? If so please explain.

Check perfume preferred. No Perfume Sweet Pea Cherry Blossom Ripe Raspberry  
Cucumber Melon Sugar Cookie

Is there anything else you would like done for your pet today?

I give my authorization and consent for the doctors of Social Circle Veterinary Hospital to prescribe the anti-anxiety medication Trazadone if my pet is showing signs of anxiety or nervousness. I understand there will be a fee for the medication. **Initial** \_\_\_\_\_

**BATH INCLUDES:** Bath, Nail Trim, Anal Gland Expression and Ear Cleanse

Contact Phone Number: \_\_\_\_\_

Is this a cell phone? Yes No. Would you prefer to be contacted today through **Text** or  
**Phone Call** when your pet is ready to go?

Signature \_\_\_\_\_ Date \_\_\_\_\_