Morgan County Animal Hospital
Bath/Shave-down Release Form

**Owner Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID** \_\_\_\_\_\_

**Pet Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID** \_\_\_\_\_\_

**Services requested** (please describe any specific requests for hair left or removed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is pet current on vaccinations? Yes \_\_\_\_\_ No \_\_\_\_\_ (rabies required)**

If your pet must be sedated for today’s services, our office recommends performing a blood panel to determine if there are any underlying health issues that may interfere with the sedative. These blood test results are mainly used to determine any issues with the kidneys or liver – any abnormality in these levels could cause issues with the way the body processes the sedative.

**I authorize Morgan County Animal Hospital to sedate my pet if needed \_\_\_\_\_\_\_(initial)**

**I would like to have the pre‐sedative blood screen that is recommended for my pet and understand there will be an additional charge of $121.00 Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_
Senior pre-sedative blood screen $152.00 (7+) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**All baths include:** Regular bath, ear cleaning and nail trimming.

**All shave-down packages include:** Medical shave-down, regular bath, ear cleaning and nail trimming. If your pet needs to be sedated there will be **NO extra charge.**

**Additional Services:**

Anal gland expression \_\_\_\_ Ear plucking \_\_\_\_ Vaccinations \_\_\_\_\_\_\_\_\_\_\_\_\_(specify)
Heartworm testing \_\_\_\_\_\_\_ SNAP4DX \_\_\_\_\_\_ Fecal analysis \_\_\_\_\_\_\_\_\_\_\_\_
Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize Morgan County Animal Hospital to perform requested services for my pet. I understand that there are risks involved with any procedure. I authorize the staff of Morgan County Animal Hospital, in an emergency situation, to perform any additional lifesaving procedures necessary for my pet until further communication with me. I understand that payment in full is due at the time of discharge. I understand that follow-up examinations and additional treatments (if required) are not covered in today’s price. I recognize Morgan County Animal Hospital is not a grooming facility and the staff members are not groomers. I understand that I am requesting a “medical shave-down” (if applicable).

**Phone number you can be reached at today \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_