



DSN: 253-3588

Barking Lot
Bldg. 1052
Int.: 011 81 82 779 3588

BATHING FORM

Owner's Name: _____ Signature: _____

Phone Number: _____ : Alt. Phone Number _____

Bath Date: _____

Check-in Time: _____ Pick up Time: _____

* Please pick your animal up on time. **Otherwise \$20 will be charged** for the kennel.

Is your animal aggressive towards humans? ___ Yes ___ No

Is your animal allergic to any treats? If so, please explain. _____

Does your animal have any sensitive areas? _____

Is your animal up to date on all immunizations (rabies, distemper, etc.)? ___ Yes ___ No

Pet Name (1): _____ **Age:** _____ **Weight:** _____

Special Instructions (behavioral information, special considerations, requests, etc.): _____

Pet Name (2): _____ **Age:** _____ **Weight:** _____

Special Instructions (behavioral information, special considerations, requests, etc.): _____