



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? \_\_\_\_\_

**Pet Name (1):** \_\_\_\_\_      **Age:** \_\_\_\_\_      **Weight:** \_\_\_\_\_

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

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**Pet Name (2):** \_\_\_\_\_      **Age:** \_\_\_\_\_      **Weight:** \_\_\_\_\_

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

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