



2400 Bethany Rd. Sycamore, IL 6078
 Phone: 815-756-8925
 www.BethanyVet.com

Bath Admissions Form

Owner Name: _____ **Phone #:** _____

Pet Name: _____ **Species:** _____ **Breed:** _____

Age: _____ **Sex:** _____ **Neutered/Spayed:** _____

Bath includes ear wipe out.

Price range for baths are at staff discretion (\$20.00 Min \$60.00 Max ~depending on animal size and coat length)

Would you like any additional services for your pet? (Services are in addition to bathing fee)

Anal Gland Expression \$26.30 Yes No

Nail Trim \$22.50 Yes No

Tooth Brushing \$11.00 Yes No

Emergency Contact: Name _____ **Phone** _____

I give permission to Bethany Animal Hospital to walk my pet(s) off leash in the fenced in backyard
 (This only applies to dogs) Yes No

Boarding for the Day (pick up after 3:00 p.m.)

\$11.50 Yes No

Diet - Does your pet need to be fed today? Yes No

Provide own food Hospital food (Science Diet Sensitive Stomach)

Amount per feeding (i.e. .5 cup, 1 cup) _____

AM Noon PM

When is your pet due for his/her next meal?

AM Noon PM

Does your pet have any allergies to food or treats? Yes No

Belongings (Type, Quantity, and Description)

I (owner) read through the above information and confirm that the information is correct.

Signature: _____

Date: _____



Medications

Name and strength of medication: _____

How many (i.e. 1 tab)

How is this medication administered (i.e. in treat/injection)?

How often does your pet get this medication?

AM

Noon

PM

When is your pet due for his/her next dose? Date _____

AM

Noon

PM

Name and strength of medication: _____

How many (i.e. 1 tab)

How is this medication administered (i.e. in treat/injection)?

How often does your pet get this medication?

AM

Noon

PM

When is your pet due for his/her next dose? Date _____

AM

Noon

PM

I (owner) read through the above information and confirm that the information is correct.

Signature: _____

Date: _____