

Patient Label:

**Boyd's Creek Animal Hospital
Spa Day/Grooming Admission Form**

Drop-off date and time: _____

Pick-up time: _____

Phone number(s): _____

E-mail: _____

**ALL PETS MUST BE CURRENT ON ALL VACCINES AND A NEGATIVE FECAL RESULT
PRIOR TO ADMISSION**

If patient needs to be sedated, the client must complete a sedation form

Please indicate what your pet needs today:

___ Spa Day (rates vary based on size and coat length)

Our basic package includes the following: Bath, nail trim, and ear cleaning.

___ Shave down (rates vary based on size and coat length and temperament of pet)

Our full body shave down includes the following: Bath, nail trim, and ear cleaning. Please indicate your specific preference on the face, feet, and tail:

Additional services requested:

___ Dremel nails

___ Furminate/blowout/brush

___ Express anal sacs

___ Bloodwork (Full panel, Heartworm test, Feline leukemia/FIV triple test)

___ Vaccinations

___ Fecal testing

___ Other:

Client Name (Printed): _____ Date: _____

Signature: _____