www.lovingvetcare.com

Hospital Groups

Please select one:

❑ Ambassador Dog & Cat Hospital
❑ Signal Hell Animal Hospital
❑Sunny Hills Dog & Cat Hospital
❑ Sunsurf Veterinary Hospital
❑ Whittier Dog & Cat Hospital

Bathing & Grooming Drop Off

Owner's Name:_____Today's Date:_____
Pet's Name:_____Daytime Telephone:_____

☐ Regular Bath
☐ Regular Bath with ☐One month Advantage
☐One month Frontline
☐Medicated Bath Type:_____
☐Medicated Dip Type:_____

☐Clip/Shave Area:_____Special Instructions:_____

Doctor Check
1.
2.

Authorization for Treatment
☐Yes
☐Call First #:_____

Vaccinations for Canines

☐ DHLPP
☐ Corona
☐ Bordatella
☐ Rabies
☐ Lyme

Vaccinations for Felines

☐ FVRCP
☐ FELV
☐ FIP
☐ Rabies

1. All animals entering the hospital must be up-to-date on vaccinations and free of external parasites or they will be treated at the owners expense.
2. I authorize Signal Hill Animal Hospital to administer appropriate emergency care if necessary and I assume full financial responsibilities.
3. I understand that the payment for services rendered is required at the time of my pets release.

Signature:_____ Date:_____