

Yorktown Animal Hospital 2400 Ft. Eustis Boulevard Yorktown, Va 23692 (757)-898-3932

For Office Use Only:	
Client #	
Species:	
Breed:	

CONSENT FOR BATH/WELLNESS EXAM

Owner Name:	Pet Name: _	
I am the owner or agent for the anima consent and authorize the veterinaria or operations:		
GROOMING		
() Bath () Pedicure () () If mats are found during brush ou pet is substantially matted that there y	it, I give my consent to remov	e them. I understand that if my
EXAMINATIONS & TESTING		
() Comprehensive Physical Exam Vaccinations:	() Laboratory Tests	() Digital Radiology
Canine	Feline	
() Rabies	() Rabies	
() DHLPP/ DHPP	() FVRCP	
() Bordetella (BP)	() Feline Leukemia	
() Annual Canine Heartworm Test	() Annual 1	Fecal Check-Canine and Feline
() Other:		
TREATMENT CONSENT-All paties evaluated by one of our veterinarians. will make every effort to contact you plisted phone numbers, we request you	If any further diagnostics an orior to treating. In the event	nd/or treatments are needed, we that we cannot contact you at the
() Withhold all treatments unt () I consent to further treatments arked below:		
() up to \$100	up to \$	() no limit
DISCLAIMER- While acknowledging accept all risk associated with hospita Hospital, Inc liable or responsible for	lization of my animal and wil	
Signature Dat	te 2 Contact Phone	Numbers