

BULL'S HEAD PET HOSPITAL BATH OR GROOMING FORM

Owner's Name: _____ Date: _____

Emergency Contact Number: _____ Your Email Address: _____

Pet's Name: _____ Dog Cat Bird Exotic (Circle One)

IF YOUR PET IS NOT FEELING WELL PLEASE PROVIDE BRIEF HISTORY:

Initials BATH BRUSH OUT
_____ **I authorize a bath, pedicure and brush out of my pet(s)**
_____ An additional brush out fee of \$10-\$40 may apply based on your pet's coat condition.

Owner's Signature _____
BHPH Admit Staff _____

Please be advised that as of 07/01/11 all pet Boarding and Grooming will be taxed 6.35% per new CT legislative.