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BATH RELEASE FORM

Date:	Pet Name(s):	Tech:
complications associated procedure. I understand	norize Hemlock Bluffs Animal Hospital to upon my pet. I have been informed of a with this procedure and have no furth that if I have questions regarding the protection to request a doctor consultation	the possible risks and ther questions regarding the rocedure or the potential
heartworm tests and feed any of these procedures a	FIONS AND TESTS entering the hospital must be up to date cal tests and that my doctor will update not additional cost to me. I further understates found on my pet, they will be treated	my pet if he/she is overdue for and that if there are any
INCLUDED PROCEDURES IF DESIRED-PLEASE INITIAL anal glands (included) Nail trim (included) Ear cleaning (included) dremmel (additional charge) YOU MUST LEAVE EMERGENCY CONTACT NUMBERS:		
Emergency # I have read the foregoing owner of (or agent for the payment is due at time of now.	Additional Emergen and agree to all conditions mentioned at e owner of) pickup and if I want an estimate for the SIGNATURE	bove. I also state that I am the I understand that full procedure I must request that