Animal Medical Center of Plano

James P. Sharp, DVM
Vivian Cardoso-Carroll, DVM
Elizabeth C. Rogers, DVM

Patient Name _____

Cage Size Reserved: Run Large Medium Small Cat

Date Dropped Off _____ Date Picking Up _____

____ Bath *Pick up must be after 12 P.M.*

____ Nail Trim

____ Medications *If your pet is currently on meds or is placed on meds while staying here for ANY reason, this fee will be applied to your bill.*

____ Walk while here **(No additional cost)**

All animals ***MUST be current and have proof of vaccinations.***

Date of vaccinations _____

Animal Medical Center of Plano is not responsible for any animal that escapes, is injured or killed while being walked. There is no guarantee any items left with your pet will be returned.

Pets may be picked up during ***regular business hours***; No exceptions.

I have read and understand the above information. I authorize the veterinarians at the Animal Medical Center of Plano to treat my animal in the event my pet needs medical attention during its stay.

Signature _____ Date _____