

Animal Medical Center of Plano Boarding Release Form

Patient Name _____

Cage Size Reserved: Run Large Medium Small Cat XL

Date Dropped Off _____ Date Picking Up _____

_____ Bath **(Additional charge)** *Pick up must be after 12 P.M.*

_____ Nail Trim **(Additional charge)**

_____ Medications **(Additional charge per day)** *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, we have blankets, towels, etc. for your pet. Please do not bring bedding, as it often gets misplaced in the clinic laundry. 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 _____

In the event you are planning on having someone else pick up your pet(s) from boarding, please provide us with the following information:

Name & Relation _____

Contact # _____