

Please print, fill out, and bring with you to your appointment

**Animal Medical Center of Garner, PC
905 Heather Park Drive
Garner, NC 27529
(919) 779-8887**

Bath Drop-off Admission Form

Client Name: _____ **Patient Name:** _____

Breed: _____ **Age:** _____ **Color:** _____

Phone Number _____ where we may contact you today.

Please state what you would like performed for your pet today: _____

Is your pet on heartworm prevention year round? If yes, what type? _____

Have you missed any doses of heartworm prevention? Yes No

Is your pet on flea prevention? If yes, what type? _____

Do you use flea prevention year round? Yes No

I authorize AMC of Garner to sedate my pet if necessary for said procedure(s) stated above.

While your pet is here today would you like a Home Again Microchip implanted? Yes No

I authorize for my pet to walked outdoors, and release Animal Medical Center of Garner from any liability.

I agree to pay my balance in full upon discharge of my pet. I understand that the law requires the rabies vaccine to be current for my pet. I authorize AMC of Garner to give a complete physical examine and vaccinate my pet during his/her stay at an additional cost if I cannot provide proof of a rabies vaccine.

Signature _____ **Date** _____