

Keith Manning, DVM  
Director  
Danielle Hammer, DVM  
Jacqueline Nenner, DVM  
Catherine Reid, DVM



PLEASE PRINT:

I, \_\_\_\_\_ authorize \_\_\_\_\_  
*your name* *authorized agent's name*  
to pick up my pet, \_\_\_\_\_ on \_\_\_\_\_.  
*pet's name* *date*

Please be advised that if someone other than you is picking up your pet, the full payment for services rendered will be expected at drop-off (rather than pick-up).

Payment options:

Cash

Credit Card

Circle one: **Visa** **Mastercard**

Credit Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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