Palmetto Veterinary Medicine and Surgery

Boarding Registration

1. Pets Name (First and Last):	
2. Date of Pick Up:	Child and the court have been a line
3. Please list any items being left treats	t with your pet such as bedding, toys, food, and
be aware that bed may become	for the loss or damage to personal items . Please soiled. Our staff do thier best to make sure beds ture, but this is not always possible.
4. Please list any medications yo	our pet requires and the dosage:
(Circle) AM PM <u>or</u> BOTH 6. Does your pet require any me surgery), if yes please list:	edical attention while here (vaccinations, exam,
7. Would you like your pet to be home?	e bathed by our kennel assistant before going
	1 to 22 lbs - \$22
	23 to 40 lbs - \$25
	41 to 80 lbs - \$30
Please be aware this is only	y a cleansing bath. Pick up will be after 12pm.
9. Nail Trim (Circle) Yes <u>or</u>	No
	(ELID OVER)

10. Playtime: 20 minutes of one-on-one ball chasing, petting, & affection from a staff member. (\$5 per Session)
(Circle) Once or Twice per Day
11. Provide Purina EN Veterinary Diet (\$2.00 per day): This diet is highly digestible with moderate fat and low fiber, making it a perfect food to feed boarding animals to prevent diarrhea.
(Circle) Yes or No
As the owner or authorized guardian of this animal, I give permission to the clinic to receive, treat, prescribe, or otherwise care for the animal(s) above as deemed necessary.
Should injury or circumstance warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment; but will proceed if no one is available for clearance.
Emergency Contact Name:
Emergency Contact Number:
Signature: Date:

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