

\*Items left with my pet (toys, beds, collar, leashes, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\*We will do our best to ensure items go home with pets, but we cannot be responsible for any items left.

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### BATHS

Yes  Medicated  No   
Regular   
If dirty  Nail trim

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### FEEDING

Amount to feed AM \_\_\_\_\_

Amount to feed PM \_\_\_\_\_

Food provided by:  SAMS  
 Owner

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Amount to feed PM \_\_\_\_\_

Food provided by:  SAMS  
 Owner

Would you like **BED & BREAKFAST** (at an additional charge)

YES \_\_\_\_\_ NO \_\_\_\_\_

Amount of B&B: All \_\_\_\_\_ OR No. of Days \_\_\_\_\_

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YES \_\_\_\_\_ NO \_\_\_\_\_

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### SPECIAL NEEDS – Please check all that apply

1. Afraid of storms Yes  No
2. Escape artist? Yes  No
3. Eats bedding or other items? Yes  No
4. Other \_\_\_\_\_  
\_\_\_\_\_

### SPECIAL NEEDS – Please check all that apply

5. Afraid of storms Yes  No
6. Escape artist? Yes  No
7. Eats bedding or other items? Yes  No
8. Other \_\_\_\_\_  
\_\_\_\_\_

Name of Pet \_\_\_\_\_

Name of Pet \_\_\_\_\_



**SMALL ANIMAL  
MEDICINE & SURGERY**

3200 Sherrills Ford Road  
Salisbury, NC 28147  
704-636-6613

**BOARDING ••• DAYCARE**

Today's Date \_\_\_\_\_ Pick-Up Date \_\_\_\_\_ AM  PM   
Owner's Name \_\_\_\_\_  
Pet's Name \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_  
Who will Pick Up? \_\_\_\_\_

**READ CAREFULLY!**

- Animals will be treated with flea and tick prevention at owner's expense if not up to date.  
Medication used \_\_\_\_\_ date of last administration \_\_\_\_\_.
- In the event my pet becomes sick while boarding or in daycare, I give permission for the hospital to treat my pet as needed, until I can be reached.
- **SUNDAY PICKUP: CHARGES APPLY**, if scheduled – pick up between 6:00 p.m. – 7:00 p.m. only.

Signed \_\_\_\_\_ Date \_\_\_\_\_



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