



**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, or if parasites are found on the pet.
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.

Signed _____ Date _____

*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.

BATHS

Yes Medicated No
Regular
If dirty Nail trim

FEEDING

Amount to feed AM _____

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 _____

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 _____

Name of Pet _____