

**PALMETTO VETERINARY MEDICINE & SURGERY
BOARDING REGISTRATION**

1. Pet's Name (first and last): _____
2. Date of Pick Up _____
3. Please list any items being left with your pet such as bedding, toys, **food**, leashes collars, etc: _____

**Palmetto Vet is not responsible for lost or damaged personal items. Please be aware that pet beds may become soiled. We make every attempt to wash them the day of pick up, but this is not always possible.*

4. Please list any medications your pet requires (include dosage instructions) _____
5. If your pet requires a special diet, **please indicate feeding instructions:** _____
6. Please list any medical issues that we need to be aware of during your pet's stay: _____

7. Does your pet require any medical attention while here (vaccinations, exam, surgery) if so please list: _____

8. Would you like your dog bathed by a kennel assistant before going home?

*1 to 20 lbs - \$16.00 _____

*21 to 40 lbs- \$18.00 _____

*41 to 80 lbs- \$20.00 _____

*81 lbs and up \$25.00 _____

Please be aware this is simply a cleansing bath. If you would like your pets to be FULLY groomed (brushed out, nails, anal glands, hair trimmed), please indicate here and set up an appointment with our Groomer: _____

VIP Services (Pet Pampering)

1. Playtime: 20 minutes of one-on-one ball chasing, petting, & affection from a staff play technician (\$5 per session)
Once _____ Twice _____ Per Day
2. Provide comfy and soft bedding (\$2 per day) _____
3. 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. _____

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 circumstances warrant the need for emergency service, I understand that the clinic will try to contact the necessary people before treatment; but will exercise the option to proceed if no one is available for clearance.

Emergency Contact Name : _____

Emergency Contact Phone Number: _____

I have labeled all toys, belongings, medications, food, treats, etc. brought with the pet so that the clinic can use these accordingly and return and unused/remaining items.

Signature: _____ **Date:** _____