

BIRD BOARDING AGREEMENT (Short Form)

Admission Date _____ Time _____ a.m. Release Date _____ Time _____ a.m.

Owner's Name Miss Ms. Mrs. Mr. Dr. _____ (Last) _____ (First)

Emergency: Phone #1 (_____) _____ Phone #2 (_____) _____

Pet's Name _____ Medication _____ Last Physical Exam _____

Feeding Routine _____

Special Instructions: _____

Fruit and Vegetable Fee \$ _____ per day / (initial) Medication Charge \$ _____ per day / (initial)

Flappy Hour Fee \$ _____ per day X _____ days / (initial)

Do you need a wing trim? Yes/No Nail trim? Yes/No Beak Trim? Yes/No Bath Yes/No How often? _____

Doctors Recommendations _____ Yes / No _____ Yes / No

Does Cage Get Covered? Yes / No _____ Describe Cage covering: _____

Supplies: _____

Daily Boarding Charge \$ _____ / (initial) Disinfectant Fee for Cage Rental \$ _____ / (initial)

***ALL BIRDS ARE REQUIRED TO HAVE BEEN EXAMINED BY DR. KERSTING WITHIN THE LAST YEAR.

***ON THE DAY OF DISCHARGE, PLEASE CALL IN ADVANCE TO SET UP A RELEASE TIME. THERE WILL BE NO PETS RELEASED ON SUNDAYS OR HOLIDAYS. IF YOU CANNOT PICK UP YOUR PET ON THE DISCHARGE DATE AS SCHEDULED, PLEASE CONTACT THE CLINIC.

*** WE WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER RELATED TO THE CARE, AND/OR SAFE KEEPING OF YOUR PET, ADMITTED BY US, IF ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, DESTRUCTION OR ILLNESS OF YOUR PET IS TAKEN.

*** IN CASE OF ILLNESS OR INJURY, I AUTHORIZE TESTS AND TREATMENT NECESSARY TO ENSURE THE HEALTH OF MY PET.

Charges not to exceed _____ \$250 _____ \$500 _____ \$1000 (Designate by circle and initial.)

Owner _____ Other _____ Staff Witness _____