



Thank you for allowing us to care for your pet while you are away.

Please take the time to completely fill out this form so we can make your pets stay as comfortable as possible.

AVIAN BOARDING ADMISSION FORM

Date of Admission: _____ Admission by: _____

Expected Date of Discharge: _____ (Morning) (Noon) (Early Afternoon) (Late Afternoon)

Contact phone number: _____

(Please list all phone numbers where you can be reached while away)

Emergency Phone Number and Contact: _____

Please complete the following:

List your pet's normal diet: _____

How many times daily is your pet fed? _____ AM PM Continuous

Please list any food that may require refrigeration: _____

(For a nominal fee we could shop for fresh vegetables and fruits for your pet while you are away).

Please list any special instructions, special considerations we should be aware of, or medical requests;

List any medications you wish your pet to receive while boarding (medication fee may be applied)

Our only requirements for boarding your bird with us is to be current on annual physical exams, annual blood tests including proof of *Parrot Beak and Feather Disease* for Old World Birds (include Cockatoos, Grey Parrots, Ringneck Parakeets, Eclectus Parrots, Parakeets and Lovebirds) and *Herpes Virus* for New World Birds (include but are not limited to Macaws, Amazons and Conures).

If current physical exam and blood tests are declined, the boarding bird will not go outdoors in the aviary or in the bird room. They will be boarding in our cat word. Please sign a "Client Refusal to Authorize Testing" form.

Has your bird been tested for Pbfd or Herpes Virus? YES NO Please test for: _____

Would you like to have any grooming done on your bird while they vacation with us?

Nail Trim Wing Trim Beak Trim Other: _____

If the pet is to be picked up by someone other than the owner, arrangements must be made with the veterinary clinic regarding the bill. (We recommend you fill out the charge card authorization form).

Agent authorized to pick up your pet(s) on your behalf: _____

Contact Phone number: _____

All reasonable precautions will be used to prevent injury and escape of the pet. **ALL ANIMALS Veterinary Hospital** is not responsible for the actions of the pet that may cause injury and escape. We are not responsible for damaged or lost personal items.

All pets not picked up within 7 days after the expected date of pickup will be considered abandoned. **ALL ANIMALS Veterinary Hospital** is given authorization to dispose of the pet(s) as they deem best.

I, the undersigned, certify that I am the owner or duly authorized agent for the owner of the pet described above and accept full financial responsibility.

I authorize ALL ANIMALS Veterinary Hospital, Attila Molnar DVM, agents, and staff to board and care for my pet as needed. I understand that if my pet becomes ill while under AAVH care, every effort will be made to contact me **however; many times these additional procedures must be performed immediately.** If I cannot be contacted, my pet will be treated as deemed necessary and I will be responsible for the charges.



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Signature of Owner or Agent _____ Date _____