

Avian Boarding

Avian Boarding Form

Your Name: _____

Pet's Name: _____

Boarding From: _____ To: _____

The following are requirements that must be met prior to boarding with us. If your pet is not current on any of the following, we will need to perform them while your pet is here.

- Yearly Exam • CBC / Chemistry
- Gram Stain • Chlamydia DNA Test and PBFD DNA Test

Describe your pet's diet (please be specific on type, brand, how much, and how often your pet is fed):

I have provided my own food My pet can be fed the hospital diet

All foods that are brought in should be divided into single-portion sizes, placed in separate baggies/containers and labeled for the meal and day that the portion should be given. This ensures that the correct portion size is given to your pet. Please supply a small amount of extra food in case of extended boarding times or the food needs to be replaced with fresh food.

We carry a limited supply of greens, but do not have mealworms and/or crickets on hand.

You are responsible for supplying these items for your pet.

Does your pet have any particular habits that we should know about? YES NO

If yes, please provide details. _____

Is your pet currently on any medications or undergoing any medical treatments?

YES NO If yes, please provide us with detailed information pertaining to this issue.

The cost for medical services are as follows:

Owner supplied medication \$6.00 per day

Owner supplied injections \$15.00 per injection

Hospital supplied medication \$15.00 - 20.00 per day

Would you like your pet misted during their visit? YES NO How often? _____

Would you like the cage covered at night? Fully Partially

Will your pet require any grooming during his/her stay? YES NO

Beak Trim? YES NO Nail Trim? YES NO Wing Trim? YES NO

Would you like a detailed estimate for all the charges during your pet's stay? YES NO

Clean Cage Service and Set Up - \$32.50 YES NO

We ask that all carriers/cages are cleaned prior to arrival in order to adequately monitor your pet's health and for the health of our other patients at our facility. If necessary, at the doctor's discretion, this service will be performed and charged to the account.

By signing below I agree to be called while on vacation for any questions concerning my pet.

Signature of Owner or Responsible Agent

Date



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