Warren Woods Veterinary Hospital Avian/Exotic Boarding Policy and Procedure

Owner First & Last Name	Pet's Name	Date

PLEASE READ CAREFULLY AND SIGN

While your pet stays at Warren Woods Veterinary Hospital, we provide quality care. We record important information including your pet's weight, diet, food consumption, urination and defecation. If there are any problems during your pet's stay, one of our veterinarians will examine your pet to diagnose the problem. If your pet should develop any illness while boarding, we request your permission to perform diagnostic tests and if necessary begin medical treatment.

The cost for boarding as \$20.00 per day. This is charged every calendar day. If you pick your pet up by 12:00 noon the last day of boarding, you will not be charged for the last day. Otherwise, you will be charged \$18.00 like every other day. If your pet is on daily medication while boarding, you will be charged \$26.00 a day. These costs cover boarding and the administration of medications only. If treatments or tests were necessary, those fees would be additional.

We want to ensure your pet is healthy before boarding here; we recommend an annual comprehensive physical exam and yearly blood health screen. If your pet has any medical problems, please make an appointment prior to boarding, so one of our veterinarians can perform a comprehensive physical exam.

Please call the hospital before picking up your pet so we have adequate time to prepare him/her to go home. While your pet is boarding we can trim nails (\$16.00) and wings (\$12.50) for you.

Please leave the phone number where you can be reached. If that i		
a close friend or relative. Phone number ()	Person's name Pell	ets Fresh food
How much and how often are you feeding your pet per meal?	i cii	
Does your pet prefer to be: in a quiet area or around more activity (
Does your bird talk or do tricks? Is so, please list below.	,	
Is your bird currently taking any medication? If yes, please list		
Boarding arrival date: Departure date:		me:
Please perform the following procedure(s) while my pet is here boa	rding:	
□ Nail trim		
□ Wing trim		
Other (please be specific)		
Owner signature		
If my pet should become ill while boarding:		
□ Perform any medically necessary tests and treatments.	,	
 I have elected to refuse any medical tests and treatment except for Owner signature 		· -
While your pet is resting comfortably during the night, there will no		
I (signature) hereby authorize		
SOCIAL MEDIA CONSENT: I hereby consent to release fo	r possible publication	on my pet's name,
photo and/or video, my first name and/or testimonial statem	ent. This may includ	de but is not
limited to the Warren Woods Veterinary Hospital website, Fac	cebook, Twitter, Ins	stagram, Youtube,
Pinterest and other social media networks.		
Signature:		
Rev. 1/19		

□ Scanned into Avimark (date/initials) ____