## Warren Woods Veterinary Hospital Avian/Exotic Boarding Policy and Procedure



<first-name> <last-name></last-name></first-name>	" <animal>"</animal>	
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 \$30.75 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. If your pet is on daily medication while boarding, you will be charged \$40.50 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.

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Please leave the phone number friend or relative. Phone number	r ()	Person's name			of a close
Please tell us the type of food ye	our pet is eating		Pellets F	resh food	
How much and how often are ye	ou feeding your pet per mea	l?			
Does your pet prefer to be: in a	•	ctivity (circle one)			
Does your bird talk or do tricks?	' Is so, please list below.				
Is your bird currently taking any					
Boarding arrival date:			p time:		
Please perform the following pr	ocedure(s) while my pet is he	ere boarding:			
□ Nail trim					
□ Wing trim					
□ Other (please be specific)					
3					
If my pet should become ill whil	•				
□ Perform any medically necess					
□ I have elected to refuse any m Owner signature	nedical tests and treatment ex		-	ures.	
While your pet is resting comform	rtably during the night, there	will not be any veterinar	y supervisio	on.	
l (sig	nature) hereby authorize		to pick up	/visit my pet.	
If my pet were to need lifesavin	g medical care:				
□Please <b>proceed</b> with life-savin for all costs incurred.	g measures which would inc	lude injectable medicati	ons and CP	R. I accept respo	onsibility
☐ Please <b>do not proceed</b> with li	fe saving measures. I accept	responsibility for all cos	ts incurred.		