Warren Woods Veterinary Hospital Avian/Exotic Boarding Policy and Procedure



<first-name> <last-name>
Owner First & Last Name

"<animal>"

Pet's Name

Date

PLEASE READ CAREFULLY AND SIGN

While your pet stays at Warren Woods Veterinary Hospital, we record important information including your pet's weight, diet, food consumption, urination and defecation. **PLEASE NOTE THERE IS NO ONE HERE OVERNIGHT AND ON WEEKENDS**. If there are any problems during your pet's stay, please note that there is not always an avian veterinarian scheduled.

The cost for boarding as \$34.00 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. If your pet is on daily medication while boarding, you will be charged \$44.75 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 require 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 our veterinarians can perform a comprehensive physical exam.

Please leave the phone number where you can be reached. If that is not possible, please leave the number of a close friend or relative. Phone number (___) _____ Person's name ______ Person's name ______ Pellets ___ Fresh food ___ Pellets ___ Fresh food ___ How much and how often are you feeding your pet per meal? ______ Does your pet prefer to be: in a quiet area or around more activity (circle one) Does your bird talk or do tricks? Is so, please list below.

	nedication? If yes, please list	
Boarding arrival date:	Departure date:	Pick up time:
Please perform the following pro	cedure(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 and we have an avian d	octor in:
Perform any medically necessary	ry tests and treatments.	
I have elected to refuse any me	dical tests and treatment except for	or emergency/critical procedures.
Owner signature	-	

While your pet is resting comfortably during the night, there will not be any veterinary supervision.

I ______ to pick up/visit my pet.

If my pet were to need lifesaving medical care:

□Please **proceed** with life-saving measures, which would include injectable medications and CPR. I accept responsibility for all costs incurred.

□ Please **do not proceed** with life saving measures. I accept responsibility for all costs incurred.