

BIRD BOARDING AGREEMENT

Date of Admission _____ Time _____ a.m.
p.m.
Date of Release _____ Time _____ a.m.
p.m.

Owner's Name Miss Ms. Mrs. Mr. Dr. _____
(Last) (First)

Home Phone (_____) _____

Emergency: Vacation Number (_____) _____ St. Louis Number (_____) _____

Pet's Name _____

List Spoken Words or Phrases _____

Give Routine Feeding Instructions _____

List Favorite Foods _____
Medications _____

Are Wings Clipped? Yes / No Give Bath? Yes / No How Often? _____

Does Cage Get Covered? Yes / No Describe Cage Covering: _____

Do you use a night light? Yes / No Do you need a wing trim? Yes / No Nail trim? Yes / No

Doctors Recommendations _____ Yes / No _____ Yes / No _____ Yes / No

Special Instructions: _____

Supplies: _____

Daily Boarding Charge \$ _____ / _____ (initial) Disinfectant Fee for Cage Rental \$ _____ / _____ (initial)

Fruit and Vegetable Fee \$ _____ per day/ _____ (initial) Medication Charge \$ _____ per day/ _____ (initial)

Flappy Hour Fee \$ _____ per day. We will use a variety of treats and introduce some foraging methods.

*****ALL BIRDS ARE REQUIRED THAT WE HAVE PERFORMED A PHYSICAL EXAM WITHIN THE LAST YEAR.**

*****ON THE DAY OF DISCHARGE, PLEASE CALL IN ADVANCE TO SET UP A RELEASE TIME. THERE WILL BE NO PETS RELEASED ON SUNDAYS OR HOLIDAYS. IF YOU CANNOT PICK UP YOUR PET ON THE DISCHARGE DATE AS SCHEDULED, PLEASE CONTACT THE CLINIC.**

*****WE WILL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY MANNER RELATED TO THE CARE, AND/OR SAFE KEEPING OF YOUR PET, ADMITTED BY US, IF ALL REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE, DESTRUCTION OR ILLNESS OF YOUR PET IS TAKEN.**

*****IN CASE OF ILLNESS, I AUTHORIZE TESTS AND TREATMENT NECESSARY TO ENSURE THE HEALTH OF MY PET.**

Charges not to exceed _____ \$250.00 _____ \$500.00 _____ \$1000.00 (Designate by circle and initial.)

Owner Signature _____

Other Person & Relationship _____

Staff Witness _____