



BOARDING INFORMATION -- PLEASE PRINT

Date: _____ Boarding From _____ to _____

Pet(s) Name: _____
(Pet ID#-Office Use Only) # _____ # _____ # _____

Species/Breed: _____

Owner's Name: _____ Phone #: _____

If it should become necessary for us to contact you and we can't reach you on the number given please include an alternate name/number of someone we can reach that can contact you.

Name: _____ Phone #: _____

Diet _____

I understand that should need arise to purchase food for my pet other than the diet normally provided by **Avian & Exotic Animal Hospital of Louisiana**, those items purchased will be added to my boarding bill.

_____ (Initials)

Owner's Belongings: (We are not responsible for items left over 30 days)

Medication _____ Amount Given _____ Last Given _____
Medication _____ Amount Given _____ Last Given _____

Food/Treats _____ Bowls/Dishes _____

Blankets/Towels _____ Cages/Carriers _____

Miscellaneous _____

I approve the following checked services and applicable fees to be performed while my pet is boarding:

____ Bath ____ Microchip ____ Surgical Sexing(Avian) ____ DNA Sexing (Avian)
____ Clip Wings ____ Clip Nails ____ Trim Beak ____ Physical Exam
____ Reptile Sexing ____ Blood Chemistry Profile

***If fleas or mites are noted on pet upon intake, I agree to pay the charge of **\$18.80** for treatment.

_____ (Initials)

In case of a natural or man-made disaster (hurricane, flood, tornado, fire, etc), the person(s) listed below are authorized to pick up my pet(s).

1. _____ Phone _____
2. _____ Phone _____

If a disaster occurs and your pet requires evacuation, a one-time fee of \$100.00 will be imposed to cover travel expenses and van rental. _____ (Initials)

In the event that my pet(s) should become ill while boarding and I cannot be reached, I hereby authorize the veterinarians of **Avian & Exotic Animal Hospital of Louisiana** to administer treatment. I understand that I will be financially responsible for all laboratory and treatment charges in addition to the boarding fees. _____ (Initials)

Signature: _____ Date: _____