



**BOARDING INFORMATION -- PLEASE PRINT**

Date: \_\_\_\_\_ Boarding From \_\_\_\_\_ to \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**If boarding for more than 3 weeks a 50% deposit is required at time of boarding. Depending on length of stay monthly payments may be required.\***

Pet(s) Name: \_\_\_\_\_

(Pet ID-Office Use Only) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Species/Breed: \_\_\_\_\_

DIET--If pet(s) require different diets please list each pets name and diet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that should need arise to purchase food for my pet other than the diets 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/mites are noted on pet upon intake, I agree to pay the charge of \$18.80 for treatment. \_\_\_\_\_ (Initials)

**PLEASE COMPLETE AND SIGN ON REVERSE**

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 of person responsible for payment

\_\_\_\_\_  
Date

\_\_\_\_\_  
If other than client please print name and relationship to client

### **Long Term Boarder (Please Complete)**

**\*I am boarding my pet(s) for more than 3 weeks and understand that a 50% deposit must be made at time of boarding and that I must make monthly payments during my pet's stay.** \_\_\_\_\_(Initials)

**For ease of payments a "Held Credit Card Agreement Form" can be completed and AEAH will charge your account on a monthly basis until your pet is picked up. If interested, please inform receptionists that you wish to complete a "Held Credit Card Agreement Form".**