



BOARDING INFORMATION -- PLEASE PRINT

Date: _____ Boarding From _____ to _____

Owner's Name: _____ Phone #: _____

If the need should arise to contact you, what state or country will you be in while your pet is boarding here? _____ (Please Print)

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 pet's 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 _____

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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 \$26.00 -\$61.00 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)

*** If non-critical services (i.e. Grooming, Bloodwork, Xrays) are found to be needed while boarding would you like to be contacted for approval of additional services? _____ Yes _____ No.

I understand if approved applicable charges will be added to my boarding fees. _____ (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".