

Evergreen Avian & Exotic Animal Hospital
BOARDING ADMISSION FORM

Owner's Name _____ Date _____

Pet's Name: _____ Breed _____

Age _____ Sex _____ Color _____

Contact Number while away: (_____) _____

Pick Up Date: _____ AM PM

I will call if my "pick-up date" changes so you can plan accordingly. If I neglect to pick up my pet within 5 days of the date scheduled for discharge, and do not notify you within that time period, you may assume that my pet is abandoned and initiate proceedings according to state animal law.

Owner Initials _____

Pet History

Last Medical Exam Date: _____

Birds: Bloodwork and Cultures Performed? Yes, on _____ No

Reptiles: Fecal Exam Performed? Yes, on _____ No

Ferrets: Last Vaccination date _____

VACCINATION DECLINE: "I understand that state law requires rabies vaccination for all ferrets. I also understand clinic policy requires Distemper vaccination for ferrets be current. I decline vaccination at this time because vaccinations have been given elsewhere and are current. If my pet bites another animal or person while at this veterinary clinic, I can & will provide written evidence of a current rabies vaccination within 24 hours of notification to do so."

OWNER / AGENT INITIAL: _____

Has your pet been checked for parasites (including ear mites, fleas) in the last 6 months? Yes No

Any vomiting, coughing, sneezing or diarrhea? Yes No

Allergies to any drugs? Yes No If yes, which one(s)? _____

Any illness or injury in the past 30 days? Yes No If yes, what: _____

Currently on any medication? Yes No If yes, what? _____

Medication Administration (list type and times to administer- **additional charge for daily medication**)

Current Diet: _____

Special Feeding Instructions: _____

Feeding Times (check one)

Morning at _____ am Afternoon at _____ pm Night at _____ pm

Leave (amount) _____ (circle one) cups/tablespoons/ml/teaspoons of food available at all times.

FLEA EVIDENCE: If there is evidence of fleas present, topical flea treatment **must and will** be applied. There is a fee charged for this service.

List of caging, food, toys, etc. brought with the pet: _____

Special Notes And / Or Instructions:

MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE (circle):

Physical Exam **Specific Problem:** _____

Fecal Exam Bloodwork Update Vaccinations As Above

Dental Prophy Nail trim Wing trim Beak trim Cultures

Other: _____

OWNER RELEASE

I understand you can not guarantee the health of _____. I understand and will not hold the clinic responsible for conditions that are unavoidable in boarding facilities, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea, ear mites and fleas although every precaution possible is taken to prevent exposure to ill animals. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner / agent's expense.

If vaccinations were performed elsewhere, I can provide written documentation of the Rabies vaccination administered by a licensed veterinarian within 24 hours of notification to do so in the event my pet should bite any person or other pet while on the clinic premise.

I understand that in the event of my pet's illness, the staff will immediately attempt to contact me or my agent to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until or my agent can be reached.

Owner Initials _____

If any problem is observed or develops:

- Please treat _____ as required, you need not call me.
- Perform only emergency and supportive care. Notify me for permission to begin any other treatment. Cell number: _____
- Do not perform any diagnostics and/or treatment until I am notified and consent for you to evaluate and treat as recommended.

Should an **EMERGENCY** arise, I authorize the medical staff to sedate _____ and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet.

Name & Phone Number of Responsible Party to be reached in an Emergency:

Personal items left with the pet (including but not limited to leashes, collars, toys, and bedding) will be labeled and the clinic will try to prevent loss or damage to, but I will not hold the clinic liable for loss of or damage to these items.

The clinic will use all reasonable precaution against injury, escape, or death of _____. The clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred.

I have been provided with a copy of this boarding form explaining boarding policy and regulations. **I understand that the balance charged at checkout may or may not be as initially estimated, but a staff member will notify me if such additional charges are to be made.**

Owner Signature: _____ **Date:** _____

HOSPITAL USE ONLY

Admitting Technician Initials: _____

Admitting Physical Exam: Normal Abnormal

Weight: _____ Temp: _____

Ears: _____

Skin: _____

Teeth: _____

Comments: _____
