

BOARDING AGREEMENT (Avian)

BAY AREA BIRD HOSPITAL
2145 Taraval Street
San Francisco, CA. 94116

Owner's Name: _____ Date: _____
Address: _____
City/State/Zip: _____

Number where you can be reached: _____

In emergency, contact: _____ Phone: _____

Date/Time of Pickup: _____

Name of Agent picking up, if not Owner: _____

Animal's Name: _____

Species: _____

Diet: Harrison's pellets, Fine Coarse
Seed Mix
Vegetables
Owner provided food _____

Medication Required? Yes No
(If medications will expire during stay, BABH will refill the medications from our pharmacy or have them delivered from an outside pharmacy at owner's expense.)

Medication Last Given? This morning
Last night
Other: _____

Hospital Services:

- Please examine my pet .
- Please trim nails - wings - beak during stay. (circle one or more)
- Please perform diagnostic testing as recommended by the doctor.
- My pet is finishing a medical treatment. Please perform a follow-up exam and diagnostic testing as previously discussed.

Special Instructions: _____

Reasonable precaution will be used against injury, escape, or death of this pet. The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed.

I understand that any problem that develops with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I authorize any outstanding balance not paid by cash or check to be charged to my credit card.

Owner or Responsible Party:
