

# **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. (choose 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:*

\_\_\_\_\_