

AUTHORIZATION FOR BOARDING

I, the undersigned, owner, or authorized agent of the owner, of the admitted patient named below, hereby authorize Jeffrey R. Jenkins, DVM, Diplomate American Board of Veterinary Practitioners - Avian Practice, Amandine Gillet, DVM and whomever they may designate as assistant(s) to administer such care as is necessary and such as are considered necessary during the time the below described animal is boarded at the Avian & Exotic Animal Hospital. I also consent to the administration of such medication, treatments and anesthetics as are necessary. I hereby certify that I have read and fully understand the above authorization to board my animal. I assume financial responsibility for all charges incurred to the patient and authorize direct payment to the Avian and Exotic Animal Hospital.

OWNER / OWNER'S AGENT: _____

PATIENT (ANIMAL): _____

OWNER / OWNER'S AGENT SIGNATURE: X _____ DATE: _____

AEAH WITNESS SIGNATURE: X _____ DATE: _____

Boarding dates: From: _____ To: _____

Grooming to be performed: Wings_ Beak Nails Bathe__ Flea control__

Number of texts of pet per day (\$2.50 per text) _____

Favorite foods / Normal diet: _____

Items left with pet at Hospital: _____

**_ The Avian & Exotic Animal hospital takes no responsibility for loss of flighted birds.
__ Pets with fleas or mites must be bathed and treated for the parasite.**

IMPORTANT !

Phone numbers at which you may be reached during time your pet is boarding:

Name _____ Phone #: _____ From _____ / _____ to _____ / _____

Name _____ Phone #: _____ From _____ / _____ to _____ / _____

Name _____ Phone #: _____ From _____ / _____ to _____ / _____