

All Pets Medical & Laser Surgical Center
(979) 696-4411

Exotic/Avian Boarding Release

Client Name: _____
Address: _____
Telephone: () - _____

Patient Name: _____
Species: _____
Breed: _____
Sex: _____
Color: _____

Emergency Number:
Check In Date:

Check Out Date:

*For the protection of your pet(s) and the other pets boarding, we board only **HEALTHY** pets.*

Vaccination Requirements: Ferrets must have current Rabies and Distemper vaccinations. Rabbits must be tested and negative for Pasturella multocida. Birds must be tested and negative for Chlamydophila and have had a full Annual within the last year, which includes gram's stains, complete blood count, and chemistry panel.

Fleas/Ticks: All pets must be free of external parasites upon admission. Any pet with fleas or ticks will be bathed and treated before being admitted. Additional charges will be incurred.

Special Diets/Belongings: We will feed your pet HBD, Marshall's, or Oxbow. Should your pet require a diet other than this, please provide the proper food. Washable belongings will be cleaned and returned to you at the time your pet is discharged. We do not accept or assume responsibility for any belongings that cannot be washed or dried.

Discharge: Boarding charges begin the day your pet is admitted. Check out time is Monday through Friday 11:00AM - 5:30 PM and Saturday from 9:00 AM- noon. Sunday pick up time is available from 5:00 PM - 5:30 PM for an additional fee. If check-in or discharge occurs at any time other than the above stated times, an emergency fee will be charged. No pet will be discharged without payment in full.

Medication Administration: If any medications are to be administered there will be an additional fee incurred depending on the number of administrations per day.

Authorization of Release:

Should my pet become ill and/or require medical attention, by my signature below, I authorize the staff of All Pets Medical & Laser Surgical Center to administer whatever emergency surgical/medical care deemed necessary and I accept responsibility for any additional expenses incurred. If I neglect to pick up my pet within 5 days of the above pick up date, we will assume this pet is abandoned.

Owner's Signature

Date

Additional Services (An estimate of services will be provided at your request)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Bath/Frontline Plus | <input type="checkbox"/> Playtime - Extra Exercise ____/day |
| <input type="checkbox"/> Brush Out | <input type="checkbox"/> Exam | <input type="checkbox"/> Fecals |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Distemper | <input type="checkbox"/> Wing Trim |
| <input type="checkbox"/> Beak Trim | | |