

BOARDING FORM

Avian and Exotic Clinic
20 Lower Ragsdale, Suite 150, Monterey, CA 93940
(831)-647-1147

Owner: _____
Street : _____ City: _____
Phone: _____
Animal: _____
Breed: _____
Sex: _____ Age: _____ Color: _____
Date in: _____ Date out: _____

Diet: _____

If your animal is a bird, does he/she eat seeds ? _____ If so, may we convert your animal to pellets while boarding ? (No additional charge for pellet conversion.) _____

Medications: _____

Maintenance Procedures: wing trim nail trim beak trim

Avid Microchip : Yes/No Would you like us to implant one ? YES NO

Has _____ boarded at any other facility within the last 12 months? YES NO
If so, where? _____

Physical Examination/Bloodwork/Labwork Current (within last year)? YES NO
If no, may we perform necessary tests? YES NO

*All boarders should be current on exam and labwork

Carrier Taken Home Left Carrier Carrier Description: _____

Miscellaneous Information: _____

The cost of boarding _____ is \$_____/night. _____. (initial)

I authorize treatment as necessary while _____ is in the care of the Avian and Exotic Clinic of the Monterey Peninsula. _____.(initial)

Signature: _____ Date: _____

Emergency Contact Number: _____