

Pet Resort Drop-off Authorization Form: BIRD

Owner Last Name: _____ First Name: _____

Pet's Name: _____

Check-in Date: _____ Check-out Date: _____

Phone # for Updates on your Pet _____ Text capable? Yes or No

Emergency Contact Method: phone # _____ Text capable? Yes or No

email : _____ I would like text/email updates of my pets- Yes or No

Will you be leaving belongings for your pet? Yes No

If yes, please describe: _____

Will we be administering any medications to your pet(s)? Yes No

If yes, which medications and how often: _____

Medications (1-2 times daily) \$ 4/day/medication (3+ times daily) \$ 6.50/day/medication

Will you be supplying your own food? Yes No- please use "house" brand

How much/often do you feed your pet(s)? _____

Pets are charged daily fee for day in and day out. Daily rate (\$25 Room / \$35 Suite) \$ _____

50% discount for additional birds kept in same cage.

Do you desire any ancillary services? Yes No

If yes, please circle: **Add on Amenities – Ala Carte List of Luxuries:**

One on one play time: \$ 7.50/15 min each x _____ times per day

What makes my bird happy? _____

CARE chip and chew toy: \$ varies – please select your toys on admission

Nail trims: \$25.25

Wing/Nail trims: \$ 35.50 (flighted birds will not be taken out of their cage)

Beak trim: \$27.25 to \$49.50

Please turn over and fill out the second page →

Does your bird need to be examined by one of our veterinarians? Yes No

If yes, please state concerns: _____

Anything else you feel we should know to help your bird have a relaxing resort stay?

Boarding requirements-annual CBC/avian profile for birds > 35gms, annual fecal, and Pbfd for old world species <2 yrs of age

Please Read Carefully and Sign Below

I hereby entrust Brook-Falls Veterinary Hospital & Exotic Care, Inc. to care for my pet or pets named above, for the time stated on this form. I understand that appropriate vaccines for my pet(s) must be current and appropriate lab testing completed prior to boarding. If any unforeseen condition arises calling for medical care and or surgical procedures, in the attending veterinarians judgement, attempts will be made to reach me at the number(s) listed above. If I am unable to be reached, I further authorize the doctor to provide whatever care is deemed advisable to keep my pet comfortable, up to \$_____. Emergency treatment will be given regardless of cost in life threatening situations until the owner can be reached.

Charges for boarding are based on the calendar day. I understand that if I can't pick up my pet before close, I will be charged for an additional boarding fee. Pets will be released ONLY during regular clinic business hours. We are not responsible for damaged or lost items, please do not leave items that have monetary or sentimental value.

If I fail to pick up my pet(s) within 5 days of the designated discharge date without notifying Brook-Falls Veterinary Hospital & Exotic Care, Inc. within that period, it will be assumed that my pet(s) are abandoned and authorize Brook-Falls Veterinary Hospital & Exotic Care, Inc. to make arrangements for the care of said animal(s). Pets not picked up within 5 days will be handled in accordance with the regulations and laws of Menomonee Falls, Waukesha County and the State of Wisconsin in regards to animal abandonment. Abandonment does not release me from my obligation to pay my bill.

I hereby certify that I have read and fully understand the above authorization for boarding, and any unforeseen conditions, and the reasons why these procedures may be necessary. I assume financial responsibility for all charges incurred to the above named pet(s) and agree to pay all such charges incurred at the time of release of said pet(s).

My signature is acceptance to these terms and constitutes an agreement.

Signature of Owner/Agent of Owner: _____

Date: _____