

ARIZONA BIRD CLINIC

Boarding Information Sheet



Owner or responsible party _____

Bird's name and species _____

Dates to be boarded: From _____ To _____

Is your bird's lab work current? _____ Dates performed _____

Emergency Contact Information during dates of boarding:

Phone(s) _____

Special dietary concerns, behavior concerns, grooming needed, lab work needed, or other medical services needed during stay: (please list all)

Bird's personal possessions

Toy purchased? _____

I hereby authorize the Arizona Bird Clinic to examine, prescribe for, and treat the above pet (s) during the period of boarding listed above. I understand that my bird will be fed Harrison's Bird Diet and fresh food. I further understand that playtime and out-of-cage interaction will be determined by the bird and staff availability and will be at the discretion of the doctor. I understand that pickup times are by appointment and may only be changed by calling in advance and speaking to a staff member in person. Missing the pick-up appointment will result in an extra day's boarding fees and arrangement for the next available pick-up time. We do not check messages on Mondays and Tuesdays. The estimate includes boarding charges only and not any supplemental charges resulting from veterinary care. I agree to pay all charges in full at time of discharge.

Owner or responsible party _____ Date _____