

Alford Avenue Veterinary Hospital 2021
Avian Boarding Registration

Client's name _____ Pet's name _____

Species _____ Color/Markings _____

Pet's gender: ☐ Male ☐ Female ☐ Unknown

Emergency contact and number _____

Diet*

- ☐ Harrison's pellets (Fine or coarse?) _____
- ☐ Zupreem (size) _____
- ☐ Seed mix (Brand/type) _____
- ☐ Vegetables _____
- ☐ Other _____
- ☐ Treats _____

*If not provided we will purchase for you and charge cost plus \$10.00

Feeding Schedule

- ☐ Twice daily (AM/PM)
- ☐ Once daily AM
- ☐ Once daily PM
- ☐ Other _____

Medication

I have provided my own medications ☐ yes ☐ no ☐ n/a

| | | | |
|-----------------------|----------------|------------|---------------------|
| Medication Name _____ | Strength _____ | Dose _____ | Times per day _____ |
| Name _____ | Strength _____ | Dose _____ | Times per day _____ |

Housing

- ☐ Brought enclosure from home
- ☐ Using AAVH equipment

In order to provide your pet with the most consistent and least stressful stay please provide the following:

Does your pet have any behavioral problems we should be aware of? _____

Likes and dislikes (gender preference in people, favorite toys, etc.) _____

Sleeping habits (Bedtime? Covered? Storm anxiety? etc.) _____

Does your bird drink from a bottle or a bowl? _____

Is your bird flighted? _____

Bathing habits (spray/mist? Bathe itself? Frequency?) _____

Permission to treat: Should my pet(s) become ill, an Alford Avenue veterinarian may provide all medical and surgical treatment deemed necessary in the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the Alford Avenue staff may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I (or the pet's agent) can be reached. I agree to pay all related expenses associated with treatment of my pet until I am available to discuss further care and related fees with the attending veterinarian. **If my pet has a serious illness or injury that becomes critical during my absence, I want the doctors to:** ☐ Resuscitate my pet ☐ Do not resuscitate my pet. I agree to and understand this policy.

Client's signature _____

Date _____

Boarding Fee Prices

☐ \$10 per night boarding less than 100 g.

☐ \$48.50 Annual-Small bird <100g.

Would you like any of the following trimmed:

☐ \$12 per night boarding 100-250 g.

☐ \$58.50 Annual-Large bird 100-250g.

☐ Wings

☐ \$14 per night boarding over 250 g

☐ \$68.50 Annual-Giant bird >250g.

☐ Beak

☐ \$2 per day to administer meds once a day

☐ Nails

☐ \$4 per day to administer meds twice a day