

**Alford Avenue Veterinary Hospital 2022**  
**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**

☐ \$16 per night boarding less than 100 g.

☐ \$48.50 Annual-Small bird <100g.

Would you like any of the following trimmed:

☐ \$18 per night boarding 100-250 g.

☐ \$58.50 Annual-Large bird 100-250g.

☐ Wings

☐ \$20 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