



THE CENTER FOR

# BIRD & EXOTIC ANIMAL MEDICINE

## Boarding Release Form

Your pet, \_\_\_\_\_(name), a \_\_\_\_\_(description and species), is scheduled to be boarded and cared for in the BEAM facility from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

While in our care, your pet(s) will be treated with the utmost of respect and with the care expected from our facility. In a continued effort to keep all pets in our care healthy, all pets being boarded must have had an annual physical examination, with laboratory testing (as appropriate) and be current on all applicable vaccinations within the previous year. If these exams and procedures have not been performed by a licensed veterinarian, they will be performed at the onset of boarding; a copy of their results or vaccination certificate will be required prior to the time of drop-off. Please also know that in cases of power loss or extreme inclement weather some animals may be taken home with our staff at night or on weekends to supervise and care for them and the care and concern shown to them at our staff's homes will be no less than at our facility.

Please indicate if your pet has any food intolerance or allergies, or requires special dietary concerns below:

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Please describe, in detail, every item you are leaving with your animal (carrier, toys, bowls, towels, etc.)

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Please write below if there have been any health concerns in the previous three weeks or if your pet has been administered or prescribed any medications:

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Although we strive to attend to all pets as if they were our family members, occasionally boarded animals become ill, develop symptoms of latent diseases or even injure themselves. Should a medical condition arise in your pet, please indicate by initials below what limitations of care should be considered. Please understand that no elective (non-emergency) care will be instituted with this agreement. (Initial next to preferred option)

No medical care is to be instituted in my pet without specific, approved consent. If I cannot be reached I understand that I am declining emergency procedures which may be necessary to save my pet's life.

My emergency contact number is: \_\_\_\_\_

Emergency medical care not to exceed \$\_\_\_\_\_ can be instituted if necessary. Further treatment beyond the above value requires my consent.

Please attend to my pet as it needs.

I agree to the above terms of boarding and agree to pay all boarding fees and any necessary medical fees as per my selection above. I understand that all reasonable precautions will be made to keep my pet(s) in good health by The Center for Bird and Exotic Animal Medicine and its assigns. If elective procedures are requested by me while my pet is being boarded, these will be by separate agreement and authorization.

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Signature Date Emergency Contact name/number