

**Southlake Animal Hospital
Avian Boarding Release Form**

Client ID:
Client Name:
Address:

Patient ID:
Name:
Species:
Sex:
Color:
Markings:
Birth Date:

Telephone:

New customers: A well exam and lab work are required within 30 days of boarding date.

Previous customers: *A well exam and negative test are required every 12 months of scheduled boarding date if there has been exposure to any other birds anywhere since previous testing. Otherwise exam and test will be required every 2 years.*

***Possible tests that may be required depending on species of bird:**

1. Psittacosis Test
2. Beak and Feather Disease test
3. Pacheco (Avian Herpes) Test
4. Comprehensive Avian Profile - Complete Blood Count and Body Function Tests
5. Internal Parasite Test
6. Must be free of Upper Respiratory Infections

I, _____, acknowledge that my bird _____ has not been exposed to other birds since the last date of testing.

Boarding Drop Off date: _____
date: _____

Boarding Pick Up

Feeding Instructions:

If we will be providing food, does your bird prefer ___ Seed ___ Pellets
(Brand?) _____ Other _____

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

I would like the following procedures done while my bird is boarding.

___ Exam ___ Wing Trim ___ Beak Trim
___ Nail Trim ___ Blood Test
___ Other _____

Emergency Contact: _____ **Phone #** _____

Please understand that these requirements are for the benefit of your bird as well as all the other birds in our hospital.

Thank you for your cooperation in this matter. Please be aware that while your bird is boarding with us he/she will receive the best care available.

Client Signature: _____ Date: _____