

# Southlake Animal Hospital

## Avian Boarding Release Form

Client ID:  
Client Name:  
Address:

Telephone:

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

**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. 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: \_\_\_\_\_ Boarding Pick Up date: \_\_\_\_\_

**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: \_\_\_\_\_