

Employee Use Only This Section

Grooming Requested:_____

Notes/Instructions:_____

I. INFORMATION

Bird's Name_____ Check-in Date_____

Owner's Name_____ Email_____

Telephone number(s) where owner can be reached during this boarding period:

Person(s) other than owner authorized to pick up bird on date specified below:

_____**NONE** _____Telephone_____

I will return to pick up my bird on _____ around_____ am/pm

Birds left 7 days past the scheduled pick-up date without the owner contacting Birds off Broadway in advance to extend this boarding agreement will be considered abandoned.

II. MEDICAL HISTORY

Documentation of a veterinarian examination, Gram Stain and negative Psittacosis test within the past 12 months are required prior to admittance to the boarding facility. There are no exceptions to this policy.

RETURNING BOARDERS: If there have been no changes in your bird's medical history since the last boarding stay, please initial here:_____ then proceed to sections III, IV, V and VI.

Age of bird_____ Type of bird_____

Has your bird been sick in the past 30 days or since last boarding stay? YES NO
If yes, please describe:

Your Veterinarian's Name_____

Address_____ Telephone_____

Is your bird on medication? YES NO

If yes, what medications, dose and frequency?_____

