

BIRD AND EXOTICS VETERINARIAN: To ensure optimum care for your pet while boarding, please take a few moments to complete this form.

<p>ANIMAL NAME SURNAME TYPE OF ANIMAL</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p align="center"><u>SIGNATURE REQUIRED FOR BOARDING</u></p> <p>*I certify that my bird has not had contact with any other birds including outside unsupervised time since its last health check. *If I am unable to pick up my bird by the nominated date I agree that I am liable for all boarding costs subsequent to this at the full boarding rate. *I agree to the provision of, and payment for, any veterinary treatment required.</p> <p>Signature _____</p> <p>Name _____</p> <p>Date _____/_____/_____</p>
<p>DATE BOARDING</p>	<p>From ____/____/____ To ____/____/____</p>	
<p>CONTACT DETAILS</p> <p>Mob: _____ Ph: _____</p> <p>Email: _____</p> <p>Will you be in Australia? Y / N</p> <p>Out of mobile range? Y / N</p> <p>Alternative emergency contact _____</p> <p>_____</p> <p>_____</p> <p>Who is picking up animal? Owner / Other _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>DIET eg seed, dr macs, vetafarm Any foods to avoid? Requires bottled water?</p>	<p>_____</p> <p>YES _____ / NO</p> <p>YES / NO</p>	<p>Fruit and vegetables are provided daily.</p>
<p>REQUIRES MEDICATION</p>	<p>YES / NO</p>	
<p>REQUIRES HEALTH CHECK WING CLIP NAIL CLIP VACCINATION</p>	<p>YES / NO YES / NO YES / NO YES / NO</p>	<p>Consult _____ Chlamydia _____ Wing /nail clip _____ Crop & faecal _____ Worming _____ Vaccination _____ Gram stain _____ Weight _____ Other: _____ Faecal check: _____</p>
<p>ANY HEALTH CONCERNS? eg moulting, egg laying, sneezing</p>	<p>YES _____ / NO</p>	
<p>PERSONAL ITEMS LEFT eg carry cage / toys</p>	<p>YES _____ / NO</p>	
<p>OTHER COMMENTS</p>		