



Exotic/Avian Pet Boarding Agreement

Patient Name: _____ Contact Name: _____ Phone Number: _____

Dates Boarding Arrival Date: _____ Departure Date: _____ Estimated Time for Pick Up: _____ am/pm

Requirements for Boarding

- All pets must be up to date on their physical exam. If a pet has received an exam by a doctor at Welleby, they are entitled to an exam upon intake at no charge. If a pet is not up to date, then an exam will be performed at the owner's expense.
- All pets (species that qualify) must be current on all vaccinations against contagious disease for your pet's health and the health of all the other animals in the hospital. If vaccines are not current, then the pet will be updated at the time of drop off at the owner's expense. If vaccines were performed at another facility, records must be provided by the time of drop off. Pets that are too young to receive their full set of vaccinations may not be fully protected; the owner must accept any risk of infection.
- All pets must have a negative fecal test for internal parasites within 6 months of boarding. If the pet is not up to date a fecal test will be performed at the owner's expense & the pet will be treated for parasites if necessary.
- All avian patients must have a negative chlamydia test within 6 months of boarding.
- All pets must be free of external parasites. If fleas/ticks/any other parasite are found, we will bathe and treat your pets for these parasites at the owner's expense. If mites are suspected, additional testing will be required.
- If sedation is necessary for treatment and handling, Welleby has the permission to administer medication for sedation.

Food, Medications & Belongings

Brand: _____ Amount: _____ Frequency: _____

Brand: _____ Amount: _____ Frequency: _____

Brand: _____ Amount: _____ Frequency: _____

Special Instructions: _____

Food sensitivity or allergies? Circle one: No Yes, please specify _____

Does your pet require any medications or supplements while boarding? Circle one: Yes No

If medications run out, they will be refilled at owners' expense unless directed otherwise at drop off.

Name of Medication	Quantity	Frequency

Belongings:

Any personal belongings like enclosure, rocks, lamps, toys, etc., are welcome to accompany your pet during their stay. Please be advised we are not responsible for any damages or loss to these belongings; however, all reasonable efforts will be made to return these items clean and intact. Please list items brought with pet & provide a brief description (color, size, etc)

Husbandry

Does your pet require a heat source? (circle one) Yes / No

If yes: Type/Strength of heat: _____ Time Frame On: _____

Does your pet require UV Light Source? (circle one) Yes / No

If yes: Type/Strength of Bulb: _____ Time Frame On: _____

Does your pet require a litter box? (circle one) Yes / No

Does your pet have any other enclosure needs? If yes please explain: _____

Medical Care

Preferred Doctor (Circle One) : Dr. Zimandy / Dr. Hausammann / No Preference

If preferred doctor is unavailable another doctor will see your pet.

Will your pet need to have a doctor address any specific issues during their exam? Circle one: Yes No

If "Yes" exam fee will apply. Please explain issue/concern: _____

If a MINOR medical issue occurs during my pet's stay I authorize (initial one)

____ Call to discuss any issue or treatment.

____ I authorize the attending veterinarian to begin treatment for my pet, please do not call.

For any **MAJOR** medical issues, the owner/contact person will be telephoned at the number provided

Please read and initial the following statements:

____ In the event my pet contracts a communicable disease during the time he/she is attending their stay, I assume the risks and accept responsibility for the cost of all treatment. I also agree to withhold my pet from boarding until he/she has been free of any signs of communicable disease for at least 48 hours. Although the risks of acquiring these illnesses are small, I accept them, and in absence of negligence, agree to hold this facility harmless from expenses incurred for treatment.

____ I understand that if a medical problem is discovered, the hospital will follow my wishes above and I agree to pay all costs associated for such treatment.

Welleby Veterinary Hospital will use all reasonable precaution against injury, illness, escape, or death of my pet. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. If the owner/contact person cannot be reached, the attending veterinarian has my permission to take the necessary steps to diagnose and treat in accordance with current medical standards. In case of emergency or major medical issue, measures to preserve and stabilize vital function shall be taken immediately. I assume full financial responsibility for all fees associated for boarding, veterinary services, and any other expenses incurred while my pet is boarded. I verify that I have read, fully understand, and agree with the terms of this agreement.

Signature of Owner/Responsible Party

Date